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**Revealing lives:**  
**A qualitative study with**  
**children and young people**  
**affected by parental alcohol problems**

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## **Declaration**

I declare that this thesis is of my own compositions, based on my own work, with acknowledgements of other sources, and has not been submitted for any other degree or professional qualification.

Louise Catherine Hill

Date.....

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## **Abstract**

In recent decades, there has been recognition that children and young people have considerable knowledge about their own lives that merits academic attention. The overall aim of this study is to reflexively engage with children and young people who have been affected by parental (or significant carer) alcohol problems and to explore, from their perspectives, the perceived impact on their lives and their experiences of support. Given the common secrecy and potential stigma of problematic alcohol use, the experiences of children and young people living in families where one or both parents (or carers) have an alcohol problem often remains hidden. My interest in using a participatory research approach with children has led to my further aim: to critically explore and develop research methods with children and young people to explore this potentially sensitive topic. As part of my commitment of conducting research with, rather than on, children, I involved two groups of children and young people already accessing support services for parental alcohol problems in the research design. The research built from this foundation and, in total, 30 children and young people aged from nine to 20 years old participated in individual, pair or small group interviews or a group work programme via a range of voluntary support services across Scotland.

This study reflexively explores the commonalities, diversities and complexities across and within children and young people's lives when affected by, to use their own frequently used term, parental alcohol problems. Emergent themes of knowledge, emotion, trust and difference are presented in four findings chapters. Many children and young people had extensive knowledge about the impact of parental alcohol problems on their lives and I describe their own nuanced ways of choosing to communicate this knowledge in the research context. I critically discuss the importance, yet experienced complexities, of understanding children and young people's emotions about parental alcohol problems. Children and young people's conceptualisations of trust, whether declared, demonstrated or alluded to, were central in their decisions to talk 'outside of the family', including to myself. I consider whether the concept of stigma can sufficiently explain the perceived and

experienced differences that children and young people shared. In recognising that knowledge is co-constructed in a particular social context, I demonstrate that a reflexive and critical exploration of research methods and relationships can further contribute to our understanding about the heterogeneity of children and young people's lives when affected by parental alcohol problems. Finally, I discuss the theoretical, methodological and policy and practice implications derived from engaging with children and young people affected by parental alcohol problems.

## **Glossary**

There may be some terms used by children and young people in the study that require further explanation for a wider audience.

Aye	Yes (or affirmative)
Blab	To divulge (often secrets) indiscreetly
Bunk off	Truant/ absent without permission
Cannae	Can not
Cos	Because
Dad	Father
Dinnae	Did not
Gonna	Going to
Gran/Granny	Grandmother
Grass	To inform on
Hame	Home
Ken	Know
Mum	Mother
Nah	No
Pure	Implies intent
Slagged	Called names/to be criticized
Stay	Live
Wouldnae	Would not

## **Acronyms**

ACMD	Advisory Council on the Misuse of Drugs
SCRA	Scottish Children's Reporter Association

## **Further explanations**

Children's Hearing	The Children's Hearings System is the care and justice system for children and young people established in the Social Work (Scotland) Act 1968. Children and young people (generally under 16 years of age) attend a Children's Hearing (or sometimes referred to as a Panel) when identified as a child in need (for offence and/or care/protection grounds). A Children's Hearing involves three trained voluntary lay people (panel members) and an independent Children's Reporter. The child and parents (or 'relevant persons') should be present, as well as other persons as appropriate.
Throughcare & Aftercare	Terms commonly used for local authority service provision for young people (aged 16-17) who have been 'looked after away from home' (for at least 13 weeks since the age of 14 years).

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# CHAPTER 1

## INTRODUCTION

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‘If you ask me, alcohol’s just big trouble. Big no no. Cos if you have alcohol it also gets addictive then say you end up getting, having a, getting drunk or something then the adults don’t think then. They think they can just do anything they might just run off a building saying ‘I can fly’ or they think ‘I can walk on water’ and they end up drowning themselves or something. They don’t think how do kids feel or that.’



Jessica, aged ten

The overall aim of this study is to reflexively engage with children and young people who have been affected by parental (or significant carer) alcohol problems and to explore, from their perspectives, the perceived impact on their lives and their experiences of support. The Scottish Government estimates 65 000 children under 16 are living with one or more parents who have an alcohol problem (Scottish Government, 2009). Following the publication of an influential UK report, *Hidden harm: Responding to the needs of children of problem drug users* (Advisory Council on the Misuse of Drugs (ACMD), 2003) there has been increasing concern about the welfare of children living in families where parents were misusing drugs, and to a lesser extent, alcohol. The starting point for the study was a concern that children living in families where there was a problem with alcohol may be overshadowed by parental drug use in the growing political discourse. Furthermore, that children’s own views, experience and knowledge about their own lives were largely absent from these debates.

### 1.1 Background

This study was funded by the Economic and Social Research Council (ESRC) as a CASE studentship with Barnardo’s children’s organisation. In 2004, I was working as a Research Assistant for Barnardo’s Research and Policy team and had just completed two projects looking at drug and alcohol use in families. One small scale research study involved working with three adult service users who wanted to

evaluate the Barnardo's drug service they attended in the North of England. The group designed their own questionnaire, administered it and analysed the findings successfully. Their approach to research drew strongly from their own insights of how other participants would perceive and interact with the research methods. Furthermore, through their unprompted stories I became aware of how alcohol and drug use had impacted on their lives and those of their children. In the second study, as part of the UK team I analysed service questionnaires exploring the prevalence and impact of drug and alcohol use in families accessing Barnardo's services. The study found that alcohol was a greater broader concern compared to drug use for practitioners, and in some cases, was considered to have a negative impact on the welfare of children and the quality of family lives (Barnardo's, 2004). These studies ignited my interest in exploring the research approach as well as the substantive area.

A further influence was my experience of conducting research with children, young people, families and service practitioners during my time with Barnardo's. The policy rhetoric of seeking children and young people's views had led to increased consultation on pre-defined, adult concerned agendas, which often did not involve feedback to participants; understandably, some service managers and practitioners reported 'consultation fatigue'. Not too disheartened, I welcomed the opportunity to develop a research study that used a more flexible time frame to enable meaningful opportunities to engage with children and young people. I had undertaken a few qualitative studies with children, young people, parents and practitioners using a range of methods; however I felt that I rarely presented findings on the research methods and had little opportunity to involve potential participants in the research design. Finally, my previous experience as a children's rights practitioner with children and young people who were 'looked after' by the local authority had developed my skills and keen interest in using participatory approaches in individual work and small groups.

## **1.2 The scope of the study**

There is an extensive body of international literature written about children and young people who have grown up with a parent (or carer) who has experienced a

problem with alcohol (for reviews see, Girling, et al., 2006; Templeton, et al., 2006; Tunnard, 2002a). Two rigorous international reviews on families affected by alcohol and drug issues have highlighted the significant gap in children's views, resulting in a tendency to homogenise children's experiences without due consideration for age, gender, ethnicity and socio-economic experience (Templeton et al., 2006; Tunnard, 2002a). Since Margaret Cork's seminal Canadian study of children affected by parental alcohol problems in 1969, the format of individual (or a minority of sibling pair) interviews have commonly been used in studies with children and young people affected by parental drug or alcohol misuse (Bancroft et al., 2004; Barnard and Barlow, 2003; Cork, 1969; Laybourn et al., 1996). This is consistent with the researcher's aims to understand children and young people's individual biographies rather the social interactions and dynamics within a group discussion (Kitzinger and Barbour, 1999). My ambition was to contribute a reflexive research study to this body of literature that critically explored the interaction between using a participatory research approach with children and young people and sharing experiences of parental alcohol use.

This study is theoretically framed by the 'new' social studies of childhood. The identification of children as 'subjects' (Qvortrup, 1994), has significant implications for conducting research *with*, rather than *on*, children and young people. Alderson and Morrow (2004:22) argue that researchers can construct children as 'victims and helpless dependents' or as 'problem solvers and inter-dependent contributors' which will impact on the way researchers engage, listen and understand. With an aim to construct children as 'problem solvers and inter-dependent contributors', I was keen to develop research questions informed by children and young people who had direct experience of parental alcohol problems. Thus, I adopted taking a less structured approach to formulating research questions,

‘...that allows data to be co-produced in the relationship between researcher and researched, rather than being driven by problem-oriented adult questions, may be useful in child research. In other words, having a general idea about the topic under investigation, rather than a set of scientific, positivistic questions that needs an adult framed answer, may be useful at the pilot stage (and beyond) of any research with children’ (Morrow and Richards, 1996:101).

Therefore, at the first stage of the study I worked with nine children and young people who were accessing a Barnardo's service that supported families affected by alcohol problems in two groups over a period of four weeks. The groups were called, the 'Good Ideas' with an aim to explore children and young people's 'good ideas' about researching alcohol problems in the family. This stage was guided by the following broad research questions:

- In what ways would children and young people engage in a research study exploring parental alcohol use? What factors facilitate and limit potential participation?
- How, why and when did children and young people communicate about parental alcohol use in the research study? What implications may this have for those working with children and young people on this issue?
- What impact did parental alcohol use have on children and young people's lives? What are the similarities and differences in their experiences?
- What are children and young people's concerns about parental alcohol use? How did they express these concerns?
- What factors affected children and young people's use of informal or formal support?

Based on the initial success of accessing children and young people through voluntary agencies, the positive endorsement of this approach from the nine participants and the relatively new development of voluntary services focused on supporting families affected by parental alcohol and drug use (previously, very few voluntary services existed and researchers had been unable to recruit children and young people through these channels; see for example, Laybourn, et al., 1996), I decided to access children and young people via thirteen voluntary agencies (a variety of alcohol, child welfare focused, family support voluntary services). Given the difficulties of recruitment, five services did not result in any participants. In total 30 children and young people (aged nine to 20 years old) participated in the study via eight voluntary services across Scotland. Sixteen girls and fourteen boys participated, and all children and young people were white Scottish. Due to relying on an opportunistic sample, I decided on broad parameters of inclusion with children and young people aged from eight to sixteen years old. This broad age spectrum is comparable to other studies exploring potentially sensitive areas: for example, Aldridge and Becker's study of children caring for parents with mental illness involved participants aged ten to nineteen years old (Aldridge and Becker, 2003).

The biological age of children is commonly used as a significant inclusion criterion for a research study; however, I anticipated that biological age may be a crude indicator of children and young people's experiences. Furthermore, at the time of the study, this age range was broadly equivalent to the voluntary services involvement of children and families. The challenges of recruitment meant a wider age range appeared more realistic and I had an opportunity to discuss these parameters with the Good Ideas groups.

Engaging with children and young people from the start of the study appeared particularly important due to the potentially sensitive topic area. Lee (1993:3) argues that researchers frequently use the term 'sensitive' to describe a research topic 'as if it were self explanatory', hence I should justify using this term. Previous research studies have found that the majority of children do not talk openly outside of the family when a parent is experiencing problems with alcohol or drugs (Barnard and Barlow, 2003; Klee et al., 2002; Kroll and Taylor, 2003; Laybourn et al., 1996). Commonly, a 'family secret' exists where children and parents are fearful that talking about their problems may result in separation (Scottish Executive, 2006:12). As one criterion for 'sensitive' research is 'the research poses an 'intrusive threat', dealing with areas that are private, stressful or sacred' it is clear that my research may be defined as such (Lee, 1993:4). However, this definition is open to reinterpretation and challenge from the research participants.

### **1.3 A note on terminology**

There are many different terms used across different academic disciplines, in policy and practice work and wider society, to describe alcohol use that is construed as problematic. I discuss this in my review of the literature in Chapter 2; however, I should briefly explain why I have decided to use the term 'alcohol problems'. In Tunnard's (2002a) review of parental problem drinking and its impact on children, she highlights the diversity of terms used and the lack of definitional consensus within and across disciplines. One of the aims of meeting children and young people in the Good Ideas group was to establish what language they used to talk about parental alcohol use. Although no consensus emerged, 'alcohol problems' was used



most frequently. Other popular terms used by policy makers and practitioners, alcohol misuse or problem drinking, were not used by children and young people in the study. Therefore, I have decided to use their preferred term. You may notice that in the information leaflets used with potential participants and their parents use more generic wording of 'alcohol and the family'. This was in response to concerns of practitioners that 'alcohol problems' was too negative (although this raised my ethical concerns about the clarity of the study). I have been continually tempted to use a more generic 'parental alcohol use' as a non-judgemental and non-stigmatising term. In Chapter 6, I draw extensively on the work of Erving Goffman (1963:37) on stigma; as an aside here though, his remark is worth noting: 'a characteristic task of these representatives is to convince the public to use a softer social label for the category in question'.

Throughout this thesis, I use the terms children and young people. This was discussed with the Good Ideas groups and the term, 'young people' was considered to be more favourable than other terms, such as adolescents or teenagers. I could justify using the legal definition of a child based on biological age where a child is a person under the age of eighteen years as defined by the Children (Scotland) Act 1995. At times, I refer to children rather than children and young people, to be less cumbersome for the reader. An exception is granted in the literature review where I use the preferred terms used at the source. As an additional concern, James and James (2004:15) have highlighted the 'conceptual slippage' that regularly occurs in using 'the child' metonymically for 'children'; I attempt to guard against this. The term parent is used in a broad sense to include biological and social parents. Occasionally, I have used the term 'significant carer' that could include any adult who is role of caring for a child (for example, grandparent, aunt, uncle, neighbour, family friend). As far as possible, I have expressed the terms that have been used by children and young people themselves.

## **1.4 Outline of the thesis**

Following a review of the literature and methodology chapter, there are four findings chapters in this thesis based on emergent themes that were pivotal to researching

children and young people's experiences when affected by parental alcohol problems. It is within these chapters that I explore the theoretical concepts that are pertinent. In Chapter 4, I examine the ways in which children and young people shared directly or indirectly experiences of parental alcohol problems. Using a detailed exploration of their nuanced ways of communication, including their use of silence, I argue that this in itself is highly revealing of children and young people's agency in the research process. From these findings, Chapter 5 reveals the experienced complexities of making sense of children and young people's emotions. In recognising the importance of the emotional impact of parental alcohol problems, the fluidity of feelings shared in specific contexts emerged. Throughout this chapter, I consider the role of emotion as a way of 'knowing' and reflect on the management of emotion in the research context. Building on the previous chapter, I argue that the concept of trust is a useful lens through which to explore participants' own perceptions of informal and formal support in Chapter 6. I do not disguise the complexities of trust but analytically explore these different, conflicting and ambiguous ways in which trust frequently held some sense of importance in children and young people's lives. In Chapter 7, I explore children and young people's subjective experiences of stigma when a parent experiences a problem with alcohol and highlight the risk in presuming that *all* children and young people experience or perceive stigma, thus homogenising their experiences, as well as our understanding of stigma.

I would like to provide an explanation for my chosen title, '*Revealing lives: A qualitative study with children and young people affected by parental alcohol problems*'. The 'revealing' does not refer to my skills as a researcher; Lee's (1993:121) work on sensitive research topics warns researchers against the temptation of sharing 'heroic tales' in which the reluctance of those being studied is overcome as a result of researchers' diligence, cleverness or artifice'. This position is particularly important when considering the omnipresent themes of secrecy and hidden issues when children's lives are affected by parental alcohol or drug use. For example, the influential report of the Advisory Council on the Misuse of Drugs (2003) is entitled, *Hidden harm: Responding to the needs of children of problem*

*drug users*; as a consequence, the language of children ‘being hidden’ and in particular, being in need of identification has become part of policy and service provision surrounding parental drug and alcohol use. Another recent report analysing children’s calls to ChildLine, *Untold damage: Children living with parents who drink harmfully* (Gillan, et al., 2009) again highlights the ‘damage’ that children experience that remains ‘untold’. In a final example, a joint report was recently launched by Alcohol Concern and the Children’s Society (2010) *Swept under the carpet: Children affected by parental alcohol misuse*, attracting national media attention. Clearly, these examples highlight the political concerns surrounding the welfare of children; however, my point here is rather different: in recognising a political context in which children and young people are framed as hidden, I am not intending to ‘reveal’ their views and experiences. This would be a disingenuous account of the research process where I, as adult researcher, can ‘reveal’ accounts from these ‘hidden’ children and young people’s lives.

Alternatively then, is it my intention to create an academic platform in which the 30 children and young people involved in this qualitative study can ‘reveal’ their lives and I, (re)present their experiences? In taking this approach, children and young people have clear agency in the research process; they chose to communicate in their own nuanced ways, which can include remaining silent, changing the subject verbally or physically or simply not turning up, for example. In recognising a choice to reveal, the choice not to reveal is also present. Like many others (for example, Alderson and Morrow, 2004; Christensen and James, 2000a; James, et al., 1998; Mayall, 1994; Qvortrup, et al., 1994), I respect children and young people’s diverse abilities to communicate knowledge about their own lives; however, this equally would only tell one half the story. Hence, here is the crux of my point: ‘Revealing lives’ is ultimately about a web of relationships in a particular research context, influenced by the past and the imagined future. ‘Revealing’ in itself is a *process*; thus, this thesis is an exploration of this process that involved 30 different children and young people, myself as a researcher and many adults acting as gatekeepers that form part of the story.

## CHAPTER 2

### A REVIEW OF THE LITERATURE

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#### 2.1 Introduction

In this chapter, I review the literature highlighting not only what is known about children and young people's experiences about parental alcohol problems, but critiquing *how* it is known and the implications of how children and young people have been conceptualised. There is a considerable amount written *about* children and young people growing up with alcohol in the family; at first glance, there appears to be a plethora of studies on which to draw on, yet on closer examination children are often *objects* of concern, data is *by proxy*. For this reason, I begin by outlining the theoretical developments that have led to a conceptualisation of children and young people as active subjects rather than passive objects of adult concern. In the second section, I provide a national overview of the policy framework, prevalence figures and focus on risk as part of the context for understanding how children affected by parental alcohol problems have been constructed. In recognising the multi disciplinary research evidence, I present what is known about the impact on children and young people's lives when affected by parental alcohol problems. More specifically, I review the broad impacts on family life, education and health and wellbeing and studies addressing children and young people seeking support and experience of services. I conclude with some reflections on the limitations and gaps in the literature.

There is a vast international literature on the welfare of children and equally on adults' use of substances crossing the disciplinary fields of anthropology, sociology, social work, legal studies, psychology and research in the specialist fields of alcohol and drug use. A broad search strategy was required given the range of terms used across different disciplines, and within disciplines, for alcohol use that is, in some way, problematic, whether for the individual, the family or wider community. Terms included alcohol abuse, alcoholic, alcohol dependence, alcohol misuse, alcohol abuse, alcohol problems, problem drinking; as other reviews have found,

‘terms frequently overlap in the literature, with no common definition used by studies and – usually – no explanation either of the criteria used in particular studies to measure the level of drinking that gives rise to concern’ (Tunnard, 2002a:8).

This is further complicated by the combination of alcohol use with other legal and illegal substance use. There is a tendency in the child welfare literature in the United Kingdom to use the more encompassing term of ‘substance’ that includes drug and alcohol use (see for example, Cleaver, et al., 2007; Hayden, 2004; Kroll and Taylor, 2003; Templeton, et al., 2006). Given the common usage of this term that invariably includes alcohol, particularly in considering children’s needs and the provision of services, these studies are also included as appropriate.

## **2.2 Researching children and young people’s lives**

### ***2.2.1 Theorizing childhood***

The study of children and childhoods is not a new phenomenon; rather, various disciplinary perspectives have shaped our understanding of children’s lives and periods of childhood over the last century (James, et al., 1998). I specifically highlight this point to contextualise the establishment of the ‘new’ social studies of childhood that has become increasingly popular in recent decades. This encompassing term is used to reflect the multidisciplinary character of the field, including anthropologists, geographers, historians, sociologists, psychologists, philosophers as well as disciplines of social work, nursing, legal studies, to name a few. These disciplines have long and diverse histories in the ways in which they have conceptualised children and childhood; although arguably, for many, it has been of marginal disciplinary interest (Alanen, 1988; Corsaro, 2005; Hirschfeld, 2002; Thorne, 1987). In one of the earliest reviews to consider the merits of an anthropology of childhood, Charlotte Hardman (1973) cites the work of folklorists, Iona and Peter Opie (1959; 1969) on children’s games as igniting her interest in children’s cultures; however she reports to be unsatisfied with their limited interpretations of children’s own ascribed meanings. Hardman (1973:87) argues that children, like women, have been ‘muted groups’ and advocates ‘children as people to be studied in their own right, and not just receptacles of adult teaching’. Similarly,

sociologists were advocating for a discreet sub-discipline for the sociological study of childhood (Alanen, 1988; Thorne, 1987). In the 1980s, following a European Children's project, Qvortrup (1994:7) highlighted the need to address a lack of 'conceptual fairness' where children are very rarely studied in their own right. Therefore, with some caution to not oversimplify the proceeding debates, recent decades have seen an unprecedented increase in scholarly and political interest in children and childhood (Hallet and Prout, 2003; James and James, 2004; Montgomery, 2009).

In Western discourses, studies have predominately focused on the individual child's physical, cognitive and social development into adulthood underpinned by child development and socialisation theories (James and Prout, 1997). The social studies of childhood was developed in reaction to this 'dominant framework' based on three characteristics: childhood is a social construction; childhood cannot be separated from other variables (such as class) and children are 'worthy of study in their own right' (James and Prout, 1997:2-3). Interdisciplinary debates were ignited by the work of a French historian, Philippe Ariès (1962) who argued that the idea of childhood did not exist in the medieval period in Western Europe (Hendrick, 2009). Although Ariès is not without his critics, particularly due to his analysis relying on medieval European art (see, Pollock, 1983), 'this alerted researchers to the diverse, rather than universal, natures of conceptions of childhood' (James and James, 2004:13). In questioning the universality and hitherto presumed 'naturalness' of childhood through the ages, one of the key features of the social studies of childhood was the recognition that childhood is not 'natural' or fixed in time, rather childhood has to be understood as embedded in a particular social and historical context (James, *et al.*, 1998:5). This has led to a shift in theorizing childhood as situated in particular time and space where 'childhood' is both united by a set of common and shared experiences and yet, at the same time, is fragmented by the diversity of children's everyday lives' (James and James, 2004:8). Although arguably recognised most keenly in the field of anthropology (Lancy, 2008; Montgomery, 2009), the paradigm shift involved recognition that 'there is not one, but many childhoods' (Qvortrup, 1994:5).

Jenks (1996:29) argues that the work of Talcott Parsons on socialisation and, more particularly, Jean Piaget on child development, 'have had an immeasurable impact upon the everyday common sense conceptualisation of the child'. Drawing on the influential work of Jean Piaget, child development has been understood as a universal set of chronological stages of intellectual growth 'hierarchically arranged along a continuum from low status, infantile, 'figurative' through to high status, adult 'operative' intelligence' (Jenks,1996:23-24). Mayall (2002:22) describes this as 'future orientated; it wants to know how small people become big people'. A criticism of early developmental psychology has been the use of 'the child' to represent all children, thus overlooking the diversity of children's lives (Hogan, 2005; Woodhead,2009). Historically, sociological interest had been primarily concerned with the socialisation of children into adulthood; as Waksler (1991:14) critically reflects, sociologists were 'routinely assuming that children come into the world 'empty' to be filled with the social ideas of the groups into which they are born'. She highlights two key oversights: children's own experiences and considering socialisation as a 'one-way process' of adult to child that ignores reciprocity (Waksler, 1991:14). An equally fair critique could be placed on anthropologists with their predominant focus on children's *rites of passage* to adulthood and concern with the acquisition of (adult) culture (Hardman, 1973). Hence, through these frameworks, childhood has been understood as a stage of preparation and incompleteness:

'Thus childhood is spoken about as: a 'becoming'; as a *tabula rasa*; as laying down the foundations; as shaping the individual; taking on; growing up; preparation; inadequacy; inexperience; immaturity, and so on.' (Jenks, 1996:9)

The child's life is understood as a set of stages; 'a structured process of becoming, but rarely as a course of action or a coherent social practice' (Jenks, 1996:9). Thus, 'this attitude, whilst perceiving childhood as a moratorium and a preparatory phase, thus confirms postulates about children as "naturally" incompetent and incapable' (Qvortrup, 1994:2).

Challenging these constructs of children as 'becomings' only complete on reaching adulthood, rather than 'beings', has been a key feature of the social studies of

childhood (Qvortrup, 1994). In 'being', 'children are and must be seen as active in the construction of their own lives, the lives of those around them and of the societies in which they live' (James, et al., 1998). This has led to recognition of the agency of children and young people in their own lives (Mayall, 2002). However, according to Lee (2001:8), this opposition of childhood and adulthood requires a sense of 'stability and completeness' in adulthood compared to 'instability and incompleteness' in childhood. Whilst he concedes this may have had some historical validity, he argues that in an postmodern age of uncertainty (Beck, 1992), adulthood no longer has stability so cannot be considered to be a 'fixed point' at the end of the journey hence, the critique of 'becoming' loses its conceptual currency (Lee, 2001). From a different perspective, Gallacher and Gallagher (2008:511) highlight that the vilification of 'becoming' within childhood research is unhelpful and overlooks the broader critiques of 'being'; rather they argue that, 'as emergent becomings – always unfinished subjects-in-the-making – humans cannot claim to be experts: to be knowing, competent and rational'. Thus, Gallacher and Gallagher (2008) identify the need for critical debates surrounding the oft cited, children as 'beings rather than becomings'.

### ***2.2.2 Engaging with children and young people***

The growing interest in conducting research with children and young people becomes apparent in the proliferation of research toolkits and textbooks (for example, Alderson and Morrow, 2004; Christensen & James, 2002b; Ennew, et al., 2009; Fraser, et al., 2004; Greene and Hogan, 2005; Lewis and Lindsay, 2000; Tisdall, et al., 2009). In critiquing the 'dominant framework', Lee (2001:48-51) presents three research approaches that have sought to understand children, rather than 'the child': recognition through ethnography with children; recognition through macro analysis where children 'count' rather than, for example, relying on caregivers' accounts and recognition through children's standpoints. Hence, there has been a period of intense scholarly interest and development in researching children and young people's lives. Furthermore, James and James (2004) argue that childhood has become a political project; thus, the study of children and childhood reflects a myriad of influences and agendas.



One of the important influences on conducting research with children and young people has been the ratification of the United Nations Convention on the Rights of the Child 1989 (herein, UNCRC) by the UK Government in 1991. One of the central propositions of the UNCRC is the recognition of children as individuals in their own right (Marshall, 2001). Although all Articles are salient, Freeman (2009:383) writes, 'it is generally accepted that Article 12 is the linchpin of the convention'. Article 12 requires States to ensure children can express their views freely, on all matters affecting their lives given due consideration in accordance with the age and maturity of the child. In introducing research with children, Article 12 of the UNCRC is frequently referred to as part of the justification for involving children in research. The influence of the UNCRC has led to some researchers to advocate a rights based approach to research (Beazley, et al., 2009); for example, in a 'how to' resource of ten manuals for research with children, Judith Ennew and colleagues (2009) explicitly use Articles 3.3, 12, 13 and 36 of the UNCRC to underpin 'the right to be properly researched'.<sup>1</sup> The giving of voice is often in a construction of 'voiceless' minority groups, often compared to women (Alanen, 1988; Hardman, 1973). The rhetoric of children's 'voices' in research has also been prolific (see for example, Aubrey and Dahl, 2006; Emond, 2007; Grover, 2004). There are frequent assertions that research has the capacity to 'give voice' to children and young people; for example, Hill's article (2006) in the *Childhood* journal, entitled, 'Children's voices on ways of having a voice: children's and young people's perspectives on methods used in research and consultation'. For example, a study of children's experiences of domestic violence suggests voices are not being heard, with the title *Listen to me!* (Buckley, et al., 2006). There is a suggestion that research can provide an opportunity for otherwise silenced voices to be heard, if not necessarily listened to. More recently, the need for a more critical understanding of the child's 'voice' has been recognised (Curtis and James, 2010; Komulainen, 2007; Lewis, 2010).

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<sup>1</sup> Additional relevant articles of the UNCRC: Article 3.3: State parties should ensure that the institutions, services and facilities responsible for the care and protection of children shall conform with the standards established by the competent authorities, particularly in the areas of safety, health, the numbers and suitability of staff, as well as competent supervision. Article 13.1 The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or print, in the form of art, or through any other media of the child's choice. Article 36: protects children against all forms of exploitation prejudicial to any aspects of the child's welfare.

As considered above, the establishment of the social studies of childhood and ratification of the United Nations Convention on the Rights of the Child (UNCRC, 1989) has led to research *with* children and young people, rather than *on* children and young people. One of the developments of researching *with* children has been the exploration of participatory research methods (O’Kane, 2000). The emphasis on children’s active participation in research, rather than constructed as an object of inquiry, has opened up new ways of engagement with children. This has led to a particular interest in developing ‘creative research methods’ using task based activities; for example, drawing, story-telling, drama, spider diagrams (Punch, 2001; Veale, 2005). Although this may not be as ‘new’ as considered; for example, in her famous ethnography, Margaret Mead (1933) analysed 3,200 drawings made by children even though it was reported that many had not used a pencil or paper before (Hardman, 1973). This highlights the importance of cultural context in recognising what may or may not be suitable in a research setting. As Veale (2005:254) argues, ‘participatory methods are those that facilitate the process of knowledge production, as opposed to knowledge gathering’. Despite the popularity of particular research techniques, ‘the success lies in the process’ (O’Kane 2000:138). As highlighted by others, in researching with children and young people ‘participation has become both an aim and a tool in an ethical quest towards empowering children’ (Gallacher and Gallagher 2008:501).

### ***2.2.3 Approaches to researching children affected by parental alcohol problems***

Given my interest in research methodologies, I would briefly like to consider the key research studies conducted in the UK as an insight into the conceptualisation of children. There have been several literature and systematic reviews conducted on parental alcohol use (and drug use) and the impact on children (Girling, et al., 2006; Tunnard, 2002a; Tunnard, 2002b); including those with a broader remit that includes the impact of domestic abuse and parental mental illness (Cleaver, et al., 1999; Gorin, 2004). The majority of research about children affected by parental alcohol problems includes: adults’ retrospective accounts of childhood (see Velleman and Orford, 1999); audits of child protection registers and social work case files (Forrester, 2000; Forrester and Harwin, 2006; Hayden, 2004) and local prevalence

studies (Fraser, et al., 2008; Murray and Hogarth, 2003; Robertson and Carnegie, 2006). Like Qvortrup (1994:7) in his example of unemployed fathers with dependents rather than children with unemployed fathers, I can similarly identify a 'lack of conceptual fairness' where prevalence figures are based on parental and adult professionals' reports, rather than children's direct accounts. Qualitative studies, including parental alcohol and drug use (Bancroft, et al., 2004; Laybourn, et al., 1996; McGuire, 2002) and opportunistic data from telephone help lines (ChildLine, 1997; Childline Scotland and CRFR, 2005; Curtis and Rawlings, 2007; Gillan, et al., 2009) involved children and young people directly (although there are methodological limitations in using helpline data). Multiple perspectives have been sought through evaluations of specific interventions or service provision (Forrester, et al., 2008; McKellar and Coggins, 1997; Taylor, et al., 2008; Velleman, et al., 2003; Zohhadi, et al., 2006). The Children of the Nineties study includes parental use of substances as 'risk' factors (Sidebotham and Golding, 2001). The Avon Longitudinal Study of Parents and Children (ALSPAC) study includes parents' reporting of their own drinking behaviour and various questionnaires on their children's development; some studies involved children completing short questionnaires (see Alati et al., 2008; MacLeod et al., 2008; Sayal et al., 2009). One of the themes within the literature, mainly in the field of psychology, is the transmission of alcohol problems from parents to children and the adult outcomes for children who grew up with parental alcohol problems.

There is also a substantial 'grey' literature explained partially by the work of voluntary agencies keen to profile the issue to support service development and lobby for policy change. These reports often include a collection of views from children, parents, practitioners, service providers and policy makers. Children's organisations, such as Aberlour (2006; McGuire, 2002; Russell, 2007), Barnardo's (Barnardo's Scotland, 2005; Liverpool Drug and Alcohol Action Team, 2001; McInnes and Newman, 2005) and ChildLine (ChildLine, 1997; ChildLine, 2010). There is also similar work from drug and alcohol agencies (Alcohol Concern, 2000; Brisby, et al., 1997; Turning Point, 2006); and more recently, collaborative reports (Alcohol Concern and The Children's Society, 2010). The minority of studies that

have directly involved children are often extensively cited. I would like to illustrate this with an example: at the start of the study I was keen to get hold of an Alcohol Concern report, *Under the influence: coping with parents who drink too much* (Brisby, et al., 1997) as this report was frequently cited in academic papers as well as ‘grey’ literature (see for example, Tunnard, 2002a). I was surprised on reading the report that only three children were involved and these findings were limited to one page; I was slightly perplexed by the claims made about children’s experiences from such a small sample that have been widely cited elsewhere. This suggested that caution was needed in over-interpretation from studies with very small numbers that may not be presented as such.

## **2.3 Context: Understanding ‘the problem’**

### ***2.3.1 Policy and legal framework***

In 2003, the UK Advisory Committee on the Misuse of Drugs (ACMD) (2003) produced a seminal report, *Hidden Harm: Responding to the needs of children of problem drug users* that estimated the prevalence, impact, service provision and children’s experiences of parental problem drug use for the first time across the UK. The report concludes:

‘Whilst there has been huge concern about drug misuse in the UK for many years, the children of problem drug users have largely remained hidden from view. The harm done to them is usually unseen: a virus in the blood, a bruise under the shirt, resentment and grief, a fragmented education.’ (Advisory Council on the Misuse of Drugs (ACMD), 2003:90)

In the introduction, the report states consideration of alcohol was beyond the scope of the review; however, ‘many of the recommendations we make for protecting and supporting children of problem drug users will also be applicable to the children of problem drinkers’ (Advisory Council on the Misuse of Drugs (ACMD), 2003:7). Sixteen out of 48 recommendations (40%) specifically refer to problem alcohol use as well as problem drug use. The publication of *Hidden harm* and three year follow up report (Advisory Council on the Misuse of Drugs (ACMD), 2007), led to a higher profile of the impact of problematic drug use, and to a lesser extent, problematic

alcohol use on the welfare of children. The Scottish Executive<sup>2</sup> (2004a) produced an initial response to the Inquiry outlining a plan of action that would supplement other policy and guidance reports for working with families affected by parental drug and alcohol misuse (Scottish Executive, 2001; Scottish Executive, 2003).

In 2001, the Scottish Executive had already produced a consultation document, *Getting our priorities right: policy and practice guidelines for working with children and families affected by problem drug use* (Scottish Executive, 2001) to develop local policies to support parental drug users and their children. In highlighting the focus of the report, ‘much problem drug use is associated with the illegal misuse of opiates and benzodiazepines’, there is only a suggestion that the guidelines may also be useful for the misuse of legal substances (Scottish Executive, 2001:3). However, following consultation and inclusion of the Report of the Child Protection Audit and Review (Scottish Executive, 2002) that highlighted the impact of parental alcohol use in families where children experienced neglect and abuse, the final version of policy and guidance was produced including alcohol: *Getting our priorities right: Good practice guidance for working with children and families affected by substance misuse* (Scottish Executive, 2003). Thus, the Scottish responses to the *Hidden Harm* report extended the original remit to include the misuse of alcohol (Scottish Executive, 2004a; Scottish Executive, 2006).

Alcohol has risen up the political agenda in Scotland (Law, 2010); yet, a historical consideration of the use of alcohol in British society quickly reveals that ‘alcohol, the favoured drug of much of humanity, has a very long history’ (Plant and Plant, 2006:1). The Chief Medical Officer, Dr Harry Burns forewords a new Scottish Government policy (2009a) *Changing Scotland’s relationship with alcohol: a framework for action* with the following,

‘It has become a major health, economic and social challenge for our people, a problem that is damaging families and communities across the country... Scotland and drink go back a long way but things have got out of kilter.’

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<sup>2</sup> Following the change of government in 2007, the Scottish Executive changed its name to the Scottish Government

The framework proposes a strategic approach to tackle alcohol misuse through four areas: reduced alcohol consumption; supporting families and communities; positive public attitudes, positive choices; and improved treatment and support. Under supporting families and communities, the following goal is stated:

‘Improving identification and assessment of those affected by parental substance misuse and sharing of appropriate information amongst agencies; and building capacity, availability and quality of support services.’ (Scottish Government, 2009a:17)

In the subsequent action point, the reader is re-directed to the policy initiatives outlined in the Government’s drug strategy, *The road to recovery: a new approach to tackling Scotland’s drug problem* (Scottish Government, 2009b) that are stated to be applicable for children affected by parent drug or/and alcohol use. The authors include problematic alcohol use under the broader ‘substance misuse’ category explaining,

‘whilst this is a strategy about drugs, the need of children affected by parental alcohol misuse are equally pressing, and arguably at even greater risk of being overlooked.’ (Scottish Government, 2009b:54)

Yet despite the rhetoric, there is actually little mention of alcohol use beyond a consideration of poly substance use and signposting to other governmental reports (Scottish Government, 2009b:14).

The Children (Scotland) Act 1995 is the key legislation in Scotland concerned with the welfare of children. Under Section 22 (1) of the Act, local authorities have a duty of care to safeguard and promote the welfare of children who are in need in their area; so far as is consistent with that duty, local authorities must promote the upbringing of children by their families by providing a range and level of services appropriate to the children’s needs. Under Section 93 (4), a child in need is defined as:

- S/he is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development unless they are provided for him/her services by a local authority
- His/her health or development is likely significantly to be impaired, or further impaired, unless such services are so provided
- S/he is disabled

- S/he is affected adversely by the disability of any other person in his/her family

Children in need are ‘likely to include children who have parents who have problems associated with their use of drugs or alcohol or both and children who provide care and support for parents who misuse drugs or alcohol, often termed ‘young carers’”(Scottish Executive, 2003:69).

### ***2.3.2 Estimating prevalence***

There are serious challenges in estimating the prevalence of children and young people affected by parental alcohol problems (Manning, et al., 2009). There are definitional challenges in considering who has an ‘alcohol problem’. The use of alcohol can be highly dependent on societal context; for example, high levels of alcohol use may be considered an acceptable part of certain societal norms (Green, 2009). Local or national surveys rely on individual’s self reporting their drinking behaviour, where alcohol consumption is frequently underestimated (Catto and Gibbs, 2008). Bloor (2005:135) summarises the challenges for sociologists in estimating certain populations;

‘Hidden populations (for example, problem drug users, problem drinkers or roofless persons) are populations of persons who seek to conceal their characteristics because of stigma and disadvantage and who cannot be readily documented by either census or representative samples.’

Data from adults accessing treatment agencies will always be an underestimate given that a significant number of adults will not access treatment services. Even from this data, a gender bias is likely to exist, as women are less likely to access treatment due to higher stigmatisation (Bloor, 2005; Goode, 2000). Ascertaining whether the individual client is also a parent, and has dependent children, is not systematically collected.<sup>3</sup> Finally, parents who do access treatment services are often fearful that children will be removed from the family home so may not always disclose the presence of children (Kroll and Taylor, 2004). Therefore, there is significant variance in the estimated population and there are valid concerns about the robustness of the

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<sup>3</sup> The Scottish Government requires drug treatment agencies to complete a new client form (SMR25) which includes a question on whether the client has dependent children. Data are centrally collected by the Scottish Government Information and Statistics Division (ISD). There is no corresponding form for agencies whose primary focus is alcohol or if a client’s substance of choice is alcohol.

methodology. Furthermore, this is an example of data *by proxy* where knowledge about children and young people is reliant on adult reporting (Qvortrup, 1994; Scott, 2000).

There is an acknowledgement at a national level that there needs to be a concerted effort to develop appropriate methodologies to capture prevalence figures of children affected by parental alcohol problems that can support more effective planning and delivery of services (Scottish Government, 2010). A European Union study on alcohol problems in the family provided some of the earliest estimates of between 780 500 and 1 338 000 children are or have been affected by parental alcohol problems in the United Kingdom (EUROCARE, 1998). Historically estimates for Scotland were calculated using the same formula of Danish and Finnish estimates from the EUROCARE study; hence, 80 000 to 100 000 children were estimated to be affected by parental alcohol problems (Scottish Executive, 2004a; Scottish Executive, 2006). The authors admit that this is an ‘extremely crude method’ as different drinking patterns in these countries that are not accounted for and the limitation in recorded figures for those currently experiencing a problem (EUROCARE, 1998:13). Despite these limitations, these figures have been used uncritically in UK policy documents (Manning, et al., 2009; Percy, et al., 2008).

In providing new estimates for children living with substance misusing parents in the UK, five national surveys were considered to meet the data criteria (domestic arrangements, adult substance use and number of children in household under 16): the General Household Survey 2004 (UK wide); the Household Survey for England 2004; the National Psychiatric Morbidity Survey 2000; the British Crime Survey 2004/2005; and the Scottish Crime Survey 2000. Given none of these studies were designed to explore the prevalence of children living in households with parental drug and/or alcohol use, there has to be some caution in interpretation, particularly due to the limitations of each study. An estimated 2.6 million children in the UK are estimated to live with a hazardous drinker<sup>4</sup> indicating higher figures than suggested

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<sup>4</sup> In this study, a hazardous drinker was defined as a score of 8 or more on an Alcohol Use Disorders Identification Test (AUDIT); harmful drinking is defined as a score of 16 or more. The AUDIT is a widely used standardised assessment tool developed by the World Health Organisation.



by the previous estimates, although the researchers caution that this does not necessarily equate to adverse consequences (Manning, et al., 2009). In using data from the National Psychiatric Morbidity Survey 2000, 22.1% of children live in a household with a hazardous drinker and 2.5% of children live in a household with a harmful drinker (Manning, et al., 2009:381). The Scottish Crime Survey 2000 collected data on parental drug use (but not alcohol use); an estimated 47 631 children (4.9%) lived with a parent who had used illicit drugs in the last year and less than one percent (0.8%) of children lived with a daily drug user (Manning, et al., 2009:381). Although a useful contribution, the work of Manning and colleagues does not provide more specific data on parental alcohol use in Scotland.

An estimated 65 000 children under 16 are living with one or more parents who have an alcohol problem as stated in the Scottish Government's (2008a; 2009a) consultation paper and subsequent alcohol policy, *Changing Scotland's relationship with alcohol: a framework for action*. This estimate was calculated from adult self reported data in the Scottish Health Survey 2003.<sup>5</sup> The Scottish Health Survey is the main national survey collecting data on adults' alcohol consumption in Scotland, although there are concerns about underestimation in adult reporting behaviour and in particular, under representation of heavy drinkers (Catto and Gibbs, 2008). As part of a public health approach to alcohol use, 'units' (where one unit is 8g (10ml) of ethanol) became a standard measure of alcohol since the 1980s; as Lloyd (2010a:21) argues, this has 'rendered problem drinking more quantifiable and, therefore, more visible.' In the Scottish Health Survey 2009, 4% of women and 7% of men were categorised as 'harmful drinkers'; which was defined as 'those who are drinking at a level which is already causing physical, social or psychological harm' and consume over 50 units for men and over 35 units for women per week (Sharp, 2010). A subset of adults who responded as drinkers also self completed a CAGE questionnaire about problem drinking: using the combined data sets to provide a sufficient sample, 14% of men and 10% of women agreed with two or more statements; 11% of men and 6% of women agreed with at least one of the three statements suggestive of physical

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<sup>5</sup> Comparable figures from later Scottish Health Surveys have not been shared. This may relate to concerns about underestimation of units and recalculations of surveys (see Catto and Gibbs, 2008).

dependency on alcohol (Sharp, 2010)<sup>6</sup>. Although this does provide an insight and is the Scottish government's main indicator of alcohol consumption and subsequent tool in policy developments, there are limitations in reliance on this dataset to estimate children affected by parental alcohol problems. As well as the general observation about adult reporting behaviours shared above, and a bias in participation in health surveys, this survey recruits through private households hence, does not include homeless populations, temporary accommodation such as refuges, or those in residential treatment, for example. With these considerations, these figures are unlikely to reflect the complexities of families living arrangements when affected by alcohol problems. I now place the concerns with prevalence in the wider context of identifying children and young people who may be 'at risk'.

### ***2.3.3 A focus on risk***

The work of Ulrich Beck (1992) and Anthony Giddens (1990) have portrayed modern societies as characterized by risk. Risk and attempts to manage risk are highly pertinent for understanding the development of social policy surrounding children and social care. In the history of child protection, the concept of risk is a relatively recent development where experts and systems have been created to protect children 'at risk' and are increasingly blamed when they fail (Ferguson, 2005). Thus, the assessment of risk 'concerns attempts to render the future under control and safer for children identified 'at risk' of future harm' (Ferguson, 2005:95). Children and young people living in families affected by alcohol and, to a greater extent, drug use are frequently portrayed as 'at risk' families (Advisory Council on the Misuse of Drugs (ACMD), 2003; Scottish Executive, 2001; Scottish Executive, 2004a). An international scoping review on parental drug and alcohol misuse found that 'despite the dominant focus on negative impact, there are studies that found no evidence of heightened risk for children stemming from parental substance misuse

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<sup>6</sup> The CAGE questionnaire is a widely used screening tool. It involves six statements related to problem drinking: 1. I have felt that I ought to cut down on my drinking. 2. I have felt ashamed or guilty about my drinking. 3. People have annoyed me by criticising my drinking. 4. I have found that my hands were shaking the morning after drinking the previous night. 5. I have had a drink first thing in the morning to steady my nerves or get rid of a hangover. 6. There have been occasions when I have felt unable to stop drinking. The final three are measures of physical dependency on alcohol. Agreement with two or more may indicate problem drinking.

alone' (Templeton, et al., 2006:1). As an influential Department of Health review concludes,

'It is therefore important not to pathologise all children who live in families where a parent suffers from mental illness, problem drinking or drug use, or domestic violence' (Cleaver, et al., 1999:98).

This is relevant because of the tendency to homogenise children and young people's experiences (Templeton, et al., 2006; Tunnard, 2002a) and draw from data sets where children are known to have experienced abuse and neglect to explain the experiences of children affected by parental alcohol and drug use (see for example, Forrester, 2000; Forrester and Harwin, 2006).

Longitudinal studies have been used to identify risk and protective factors in children's lives and their long term outcomes, with a particular concern about the adult outcomes of children whose parents experienced mental health problems and substance use problems (for example, see Alati, et al., 2008; Christoffersen, 2002; Luther, 2003; MacLeod, et al., 2008; Sidebotham and Golding, 2001; Werner, 1986; Werner and Smith, 1992). Using this risk paradigm, the relationship between parental alcohol use and children's subsequent alcohol use have been the focus of several studies (for example, Chalder, et al., 2006; Orford and Velleman, 1990; Velleman and Orford, 1999; Werner, 1986). There has also been a political interest in identifying risk and protective factors in childhood that lead to (perceived) negative outcomes in adulthood, such as alcohol and drug use (Home Office, 2007) or social exclusion (Bynner, 2001). However, there have been challenges to this approach; France and Utting (2005:80) argue that the identification of risk factors are overly simplistic and can be detrimental to the current provision of support for children and their families; 'issues of process and context are therefore marginalised in any analysis and discussion about 'risk factors''. The consequences may be labelling or stigmatising for certain families; involve increased surveillance and control of particular groups; overlook the social context; and not adequately consider resilience (France and Utting, 2005). Despite these concerns, risk and protective factors are commonly used in describing families affected by parental substance use (for example, Cleaver, et al., 1999). Bancroft and Wilson's (2007) analysis of UK

government policies found children living in families affected by parental drug and alcohol use are positioned on a 'risk gradient': as a foetus or young child they are 'at risk' and are increasingly constructed as 'a risk' to others in society as they grow older. Thus, the construction of these children 'at risk' and 'a risk' and professionals' anxieties in successfully 'managing' these risks permeates the literature (Bancroft and Wilson, 2007).

Aldridge and Becker (2003) provide a robust critique to the assumptions of risk surrounding children caring for parents with mental illness. They argue that medical, social literature and the media have constructed parental mental illness around notions of risk: risk of declining parent mental health; risk of divorce; risk to children's mental health and risk of maltreatment and abuse; hence,

'It would be easy to assume from medical practice and social work that children whose parents are mentally ill only experience this diversity as detrimental to their development and wellbeing' (Aldridge and Becker, 2003:96).

The same critique could be considered for children living with parents who experience a problem with alcohol or drugs. Based on qualitative interviews with forty young carers (aged ten to nineteen), Aldridge and Becker (2003:96) highlight the positive and negative aspects of caring relationships and emphasise the importance of 'listening to what children (and parents) have to say in these contexts on a case-by-case basis'. From a different angle, Grover (2005:531) argues that for children in adverse circumstances 'attempts at survival and maintaining their dignity are frequently misunderstood'; for example, children who use substances when living on the streets are defined as 'deviant' or 'maladaptive' when they may serve a social purpose (e.g. friendships and demonstrating adult behaviour). Therefore, children's lives can easily be pathologised and their own attempts of self advocacy are overlooked (Grover, 2005).

## **2.4 Children living with parental alcohol problems**

### ***2.4.1 Impact on family life***

Many studies have shown that children are aware of alcohol from a young age and for the majority, the family is the primary setting in which knowledge about alcohol is developed (for an extensive review of the literature, see Velleman, 2009). In an Glasgow study with 240 children, aged between five and ten, researchers found children whose parents were described as heavy drinkers had higher levels of knowledge than their peers (Jahoda and Cramond, 1972). Using ten cases where families were moderate or low level drinkers, children aged between 5 and 12 years old held diverse and often inaccurate knowledge about alcohol (Valentine, et al., 2010). In comparison, a Scottish qualitative study, involving 27 children and young people (aged between 5 and 28 years) who had spent part of their childhood with at least one problem drinking parent, concluded that ‘children were knowledgeable about alcohol and its effects from an early age’; furthermore, many children were able to recognise the social and personal factors in parents’ lives that contributed to parental drinking (Laybourn, et al., 1996:61). Similarly, in a Danish study with 32 children (aged 5-16), the majority of children said they were aware of parental alcohol misuse from the age of four or five (Christensen, 1997). The extent of children’s knowledge may be underestimated by parents who experience difficulties with alcohol, particularly if they wish to conceal their drinking from children (Christensen, 1997; Laybourn, et al., 1996). In a mixed methods study exploring family life and alcohol consumption, children were often bemused by occasional parental drunkenness and made a sharp distinction between their familial experiences and views towards excessive drinking practices that they associated with aggression or violence (Valentine, et al., 2010). Younger children sometimes felt that they could change parents’ alcohol use, where by the age of nine or ten children tended to accept that this could not be done (Christensen, 1997).

There has been recognition that the impact of parental alcohol (and drug) use on children can be diverse and ‘each family has to be assessed in its own right and assumptions cannot be made’ (Kroll and Taylor, 2003:173). Parenting capacity can

be affected by the use of alcohol, but it is important to recognise that many factors, such as poverty, unemployment, depression, single parenthood, parents' own experiences of parenting and parental histories of abuse and neglect will affect parenting and these are often overlooked (Social Care Institute of Excellence (SCIE), 2006). With this caveat and recognised need for context, problematic alcohol use can involve many different patterns involving drinking in the home, in public houses, with friends and associates and in public spaces and impact on the routines of family lives in different ways. For example, periods of absence from the family home may be a source of worry and equally a source of relief for children depending on the associated behaviour (Laybourn, et al., 1996). Four different patterns of parental drinking were identified: constant opportunistic drinking; nightly drinking; weekly heavy drinking and binge drinking – 'bouts of drinking lasting days or weeks, during which parents drank most of the time, were followed by periods of complete sobriety' (Laybourn, et al., 1996 :37). In Laybourn et al's (1996) sample, eight parents drank outside of the home (mainly public houses), seven mainly in the home and the rest a combination. In terms of the impact on family life, nightly and weekly drinkers 'did try to prevent their drinking interfering with their availability to their children' (Laybourn, et al., 1996:37). The study also found that when both parents drank heavily at the same time, children were unable to be supported by another parent; conversely though, both parents drinking could mean less conflict (ibid.).

In Velleman and Orford's (1999) retrospective study, fathers with drinking problems were most likely to drink in the pub and mothers were more likely to drink at home. In a study of children's calls to ChildLine exploring parental harmful drinking, fathers were more frequently described as coming home from the pub drunk, whereas accounts of mothers were more uncertain although more generally it was suggested that drinking occurred in the home (Gillan, et al., 2009). Another study highlights a difference between alcohol and drug use where, 'alcohol would often take the parent out of the home, for example to the pub or on benders for several days or weeks, and separate them from their child', compared to drugs where parents would be physically present, although 'not there' when high (Bancroft, et al., 2004:13). In Christensen's (1997:30) Danish study children reported that parents were 'physically

present, but inaccessible' when drinking. Seven participants (out of a possible 27) specifically referred to a shortage of money as a problem in their family attributed to money being spent on alcohol; examples included households not being paid and 'broken promises to get new trainers or go out for a meal' (Laybourn, et al., 1996:58). Compared to illegal drug use when associated with criminal behaviour, the relatively cheaper cost of alcohol is less likely to have a less detrimental effect on the family finances depending on household income (Russell, 2007).

Templeton and colleagues' (2006:25) scoping literature review found, 'it is the associated factors, such as parental conflict and family disharmony or worry about drinking or drug taking, that most significantly affect children.' In one of the first qualitative studies with children, Margaret Cork (1969) interviewed 115 children (aged ten to sixteen) whose parents were described as alcoholics, many of whom she considered to be from middle and upper class families in Canada. The study found the majority of children were mostly concerned about parental fighting and quarrelling; as she concludes, 'children felt more deeply affected by *disharmony and rejection* than by excessive drinking' (Cork, 1969:64). This had particular consequences for family celebrations, birthdays and Christmas celebrations (Cork, 1969). This is particularly apparent in children's own accounts when phoning ChildLine identifying difficult family relationships including violence, arguments, bereavement, parental separation and divorce, lack of parental attention and care. (ChildLine, 1997; Gillan, et al., 2009). A study of children's calls to ChildLine and focus groups with volunteer ChildLine counsellors found that parental drinking was rarely the presenting problem but 'in many cases, children viewed parents' drinking as an integral part of their problems'; family relationships and physical abuse were the most common problems (Gillan, et al., 2009:26). In a UK study, Velleman and Orford's (1999) use of a comparison group of young adults (offspring=164, comparison=80) found there was a significant difference between the two groups, (although it is stressed that both groups displayed the whole range of scores); thus, they concluded that 'having a parent with a drinking problem increases the *probability* of recollecting a disharmonious childhood family environment, but it does not guarantee it' (Velleman and Orford, 1999:131).

There has been considerable emphasis on a 'role reversal' occurring when children take on adult roles within the family. In a study with 21 young carers in Wales, three participants were caring for a parent who was an alcoholic or mentally ill and in one of these cases, a 'role reversal' was felt to have taken place: 'It's as if I'm the father and he's the son' (Thomas, et al., 2003:41). This finding was also found in Bancroft and colleagues' (2004) study with young adults affected by parental drug and alcohol misuse. However, it should be considered that these are in the minority of cases and there are many children that have not shared this experience. In Laybourn and colleagues' (1996) study, they caution against generalising that children undergo a role reversal with parent-child roles; in their study, they did not find a role reversal as either the non drinking parent or the drinking parent still performed parenting functions the majority of the time. Furthermore, in her work on young carers, Aldridge (2008:2) argues that in earlier work describing young carers in terms of 'role reversal, and in psychiatric terms, as evidence of attachment disorder, or parentification' has not been helpful in understanding the needs and rights of children who care.

Analysis of over 9 000 phone calls made by children in Scotland between 2000 and 2003 regarding concerns about parental (or significant carer) health and wellbeing found parental alcohol misuse was the most frequent concern representing 31% of calls; drug misuse was the next concern at 11% followed by domestic abuse at 7% (Childline Scotland and CRFR, 2005). For some children, no longer living with a parent with an alcohol problem may be a relief; however, children still may be worried about a parent; 17% of children who phoned ChildLine and mentioned a parents' harmful drinking no longer lived in the same household (Gillan, et al., 2009). In some calls to ChildLine, children expressed their hurt and confusion when they had been left with the drinking parent by another parent (ChildLine, 1997). In a study of children who had used the *Message Home* helpline, the majority of children cited family problems as the reason for running away and these included parental addiction problems and relationship difficulties (Mitchell, 2003). Aldgate and McIntosh's (2006) study of kinship care in Scotland found that two thirds of children



recruited to the study (n=30) were no longer living with parents due to substance misuse that resulted in neglect. Although there is no further breakdown, the authors state that a number of these children had been seriously affected by parental alcohol misuse (Aldgate and McIntosh, 2006).

#### ***2.4.2 Education***

Parental alcohol problems can affect children's education; however, given the variety in children's individual, familial and community circumstances, there needs to be a cautious interpretation, especially when many studies do not involve comparison groups and differences may be explained by other difficulties in children's lives (Tunnard, 2002a). A New Zealand systematic review found 'lower levels of academic and cognitive functioning in children of alcoholics'; explanations for this included the impact of the family social environment, periods of missing school, lack of support from parents and lower expectations of academic performance (Girling, et al., 2006). In a review of nine studies by West and Pritz (1987), seven found that children of problem drinking parents had lower academic scores, however, two studies showed no difference. In a retrospective study, Velleman and Orford (1999) found adult children of problem drinkers were more likely to report a range of childhood problems, including being 'withdrawn, demoralised and having problems at school', than the comparison group and this was significantly higher for daughters than for sons. In Laybourn and colleagues' (1996) study, a common finding amongst older children and young adults was the negative impact on their education; direct consequences included not being taken (when younger) or encouraged to attend school and indirect consequences included frequent moves resulting in changing school, lack of parental interest in achievements and poor concentration when at school. The majority of girls had a positive experience of school, with several excelling; this was in stark contrast to the eleven boys in the study where none had liked school and 'several were non-attenders' (Laybourn, et al., 1996:81). In the ChildLine datasets, some children identified the importance of school in their lives and 'getting on well in the future – as a way of countering some of the negative aspects of their lives' (Gillan, et al., 2009:40).

Across the studies, the following themes emerged as having an impact on children's education: children's attendance, academic achievement, ability to concentrate in class, having sufficient time and quiet to complete homework, maintenance of friendships, and relationships with peers and teachers. Where families have an absence of routines, children may struggle to regularly attend school or are frequently late (Liverpool Drug and Alcohol Action Team, 2001). In a ChildLine study, a small number of children reported not attending school, in some cases this was due to looking after siblings and for those attending school, some children had trouble concentrating due to a lack of sleep (examples included noise, disturbances, fear) (Gillan, et al., 2009). In a review of children affected by domestic violence, parental substance misuse and parental health problems, a common theme was children worrying about parents (and siblings) when they are at school (Gorin, 2004). This affects children's ability to concentrate and participate fully in school life. In Brisby et al's (1997:14) report involving three children, one fifteen year old girl felt teachers should have read the signs, 'homework being handed in late, being very tired, once I fell asleep at school and being absent'. Children may be so concerned that they may need to stay at home to ensure that a parent is okay; for example, Rachel (17 mother alcohol misuser) was worried that her mother might injure herself so rarely attended school (Bancroft, et al., 2004). In a cross European study, a small minority of children reported missing school after being physically assaulted by a parent (Velleman and Reuber, 2007); similarly, this was found in ChildLine data (ChildLine, 1997; Gillan, et al., 2009). Referrals to services for families affected by alcohol problems, identified children as having problems with school often relating to poor attendance and behavioural difficulties (Velleman, et al., 2003). Periods of non-attendance at school impacted on their friendships and sources of informal support (Bancroft, et al., 2004). Few children invited friends home due to the unpredictability of parental behaviour (Laybourn, et al., 1996). Children were often worried about being bullied if parental alcohol problems became known (Gillan, et al., 2009; Gorin, 2004; Laybourn, et al., 1996). A ChildLine report found that more children who had a mother with an alcohol problem said they had been bullied suggesting 'it may still be even less acceptable for a women to misuse alcohol than for a man' (ChildLine, 1997:37).

### **2.4.3 Health**

Across almost all studies, parental alcohol problems had a negative impact on children's emotional wellbeing (Tunnard, 2002a). Children have commonly reported feeling anxious, upset, worried, fearful, sad, angry, frustrated and confused when affected by parental alcohol problems (ChildLine, 1997; Christensen, 1997; Cork, 1969; Gillan, et al., 2009; Laybourn, et al., 1996; Murray, 1998). In Christensen's study (1997:29), the emotional stress of living with parental alcohol abuse was profound: 'children are afraid of being abandoned, that their parents might die, their parents do not love them and afraid that other people will find out'. In a retrospective study, children of problem drinkers were more likely to report feeling anxious in their childhoods (34% males, 48% females) compared to the control group (26% males, 36% females) (Velleman and Orford, 1999). A cross European study of children living with parental alcohol problems and violence found 36% had clinical problems and 29% had accessed mental health services (Velleman and Reuber, 2007). There are inconclusive findings surrounding whether or not children blame themselves for parental alcohol use. Whilst some qualitative studies found this rarely to be the case (Laybourn, et al., 1996), Christensen (1997:29) argues that in her study, 'the decisive factor was whether or not parents themselves denied their alcohol abuse. Focus groups with volunteer ChildLine counsellors found children were often focused on the resultant problems surrounding parental drinking (for example, physical abuse) and 'want help with how they can 'fix' things' (Gillan, et al., 2009:26). In a minority of cases, some children have shown indifference to parental alcohol problems and have recognised some positive consequences, such as being humorous, and lower boundaries (Laybourn, et al., 1996).

Across three US longitudinal studies, children of parents with alcohol problems were more likely to report the need for medical attention, serious accidents, illness and the need for hospitalisation compared to control groups (Hussong, et al., 2008). However, the researchers highlight that these results may be explained by lower coping abilities of parents and their higher likelihood to report stressful events. An earlier study of hospital admissions found children had higher rates of injuries, poisonings, mental disorders and were more likely to be admitted for their own

alcohol use when parents had alcohol problems (Woodside, et al., 1993). The impact of living in difficult family conditions can affect children's physical health; in a Canadian study, 10 out of 115 children felt their physical health had suffered reporting bedwetting (at the age of 15), nervous conditions, obesity, ulcers, chronic stomach ache and one child had jaundice, pneumonia and chronic asthma (Cork, 1969). Routine medical checks may be missed and children may be at increased risk of having accidents, and these being unattended to, due to unsupervised care when parents are drinking and sobering up (Cleaver, et al., 1999). Older children may also have to cope with puberty where 'parents are unaware of children's worries about their changing bodies' (Cleaver, et al., 1999:78). When children are neglected or there is insufficient family income, children may not have their basic needs met resulting in children being inadequately fed, clothed and insufficient housing environments (Cleaver, et al., 1999; Laybourn, et al., 1996). Children's physical safety may be compromised if they are left alone for periods of time or with inappropriate adults are in the house (Cleaver, et al., 1999).

There has been extensive research, mainly in the US and in the field of psychology, exploring the transmission of alcohol problems from parents to children and the adult outcomes for children who grew up with parental alcohol problems (Girling, et al., 2006). However, an Australian twin study found only a minority of children will go on to develop alcohol use disorders as a consequence of their exposure to parental alcohol use (Slutske, et al., 2008). Similarly, in a UK study there was evidence that children of problem drinkers were at a slightly increased likelihood of developing alcohol problems and was found to not be as significant as expected (Velleman and Orford, 1999). In the study with 244 adults, 17% of offspring and 11% of the comparison were deemed to be risky drinkers; more offspring were abstainers or light drinkers (20.5% vs. 14% comparison), and, of these, nine out of ten adults previously had alcohol problems (Velleman and Orford, 1999:166-167). Children themselves may be anxious that they will develop a problem with alcohol when they are older; the most common response of children when asked about their own future use of alcohol was 'won't drink, afraid of getting like parent', followed by 'may drink but not like alcoholic parent does' (Cork, 1969:72). In a response to the

government consultation on alcohol (Scottish Government, 2008a), the Scottish Children's Reporter Administration (SCRA) responded to highlight their additional concerns about children's own misuse of alcohol related to offence referrals and, for children who persistently offend, 24% of children were living in families where parents misused alcohol (Scottish Children's Reporter Administration, 2008). One of the very few UK studies that explore parental drinking behaviours and adolescent behaviours used a community sample of 1744 adolescents in South Wales (Chalder, et al., 2006). The study found that children with parents with alcohol problems drank more frequently, more heavily, more often alone; they also found they had stronger internal motives (coping and enhancement) than external motives (social and conformity) when compared to their peers (Chalder, et al., 2006).

#### ***2.4.4 Multiple problems***

The associated violence with alcohol use has been recognised, although researchers are careful not to state causation and highlight the complexity of understanding these relationships (Galvani, 2005; Humphreys, et al., 2005; Velleman, et al., 2008). In a study of moderate drinkers, the only clearly marked problem associated with home drinking was domestic violence (Valentine, et al., 2007). Children living with parental problematic alcohol use and domestic violence are at heightened risk of experiencing harm (Cleaver, et al., 2007; Cleaver, et al., 1999; Galvani, 2005; Gorin, 2004). The Scottish Government estimates 100 000 children are living with domestic abuse<sup>7</sup> in Scotland; as part of the Child Protection Reform Programme, 'situations which are considered to be abusive or neglectful to children have broadened to include: domestic abuse which causes physical or emotional abuse of children' (Scottish Executive, 2002:36). The literature clearly highlights the complexity in the use of alcohol by perpetrators of domestic abuse and simultaneously by victims as part of a coping mechanism (Galvani, 2005; Humphreys, et al., 2005). In response to a dearth of research in this area, a cross European study with 45 young people (aged 12-18) from Germany, Poland, Spain, England and Malta explored their experiences when living with parental alcohol problems and parental violence (Velleman, et al., 2008). Children living in these families 'reported considerably higher levels of all

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<sup>7</sup> Preferred term used rather than domestic violence to recognise the broad range of physical and psychological abuse that can be perpetrated.

forms of aggression and violence towards themselves than did children in the comparison group'; fathers with alcohol problems were found to be more violent towards children than mothers with alcohol problems, although levels of psychological aggression towards children were the same (Velleman, et al., 2008:402). The researchers conclude that 'most young people told us that it was extremely difficult to cope within this environment' (Velleman, et al., 2008:404). In a Scottish study of 38 young people's experiences of parental drug and alcohol misuse, 14 young people spoke about living with constant domestic violence which was associated specifically with alcohol; 'for several respondents, this was an important reason why they felt alcohol misuse should be considered on a par with or as more serious than most drug misuse' (Bancroft, et al., 2004:8).

Living with parental alcohol problems, in conjunction with domestic abuse and/or parental mental health problems, presents cumulative risks for children and increases the likelihood of significant harm (Cleaver, et al., 2007). Using large Danish cohort data sets from 1979-1993, 40% of mothers and 33% of fathers hospitalised for an alcohol related condition had also been admitted to a psychiatric hospital at some point (Christoffersen, 2002). A cross-sectional English study of four children and family social work teams explored the combined effects when mothers were clinically depressed and alcohol dependent (Woodcock and Sheppard, 2002). Of the 97 women identified as clinically depressed, 19 were also alcohol dependent. Child abuse was identified in 74% of families where mothers were depressed and alcohol dependent, compared to 50% of depressed women. Social workers reported that these mothers had more parenting difficulties, poorer attachment, provided fewer boundaries and were more critical of their children (Woodcock and Sheppard, 2002). An English study of 357 children and family social work case files and interviews with parents and professionals examined family experiences and effective practice when domestic abuse, parental drug or alcohol problems and child welfare concerns co-existed (Cleaver, et al., 2007). Children in these families were found to be particularly vulnerable with social workers identifying unmet needs in three quarters of the children and 85% of parents were unable to carry out key parenting tasks. Child protection concerns were investigated for 75% of the sample. The study found

that many families faced multiple problems including poor mental and physical health, housing problems, learning disabilities and involvement in prostitution.

#### ***2.4.5 Experiencing abuse and neglect***

Children affected by parental alcohol problems represent a significant proportion of child and family social worker's caseloads (Cleaver, et al., 2007; Forrester and Harwin, 2006; Fraser, et al., 2008; Hayden, 2004; Kearney, et al., 2003; Kroll and Taylor, 2004). A study across six English local authorities found a third of children in social worker case files were negatively affected by parental alcohol problems (Cleaver, et al., 2007). One London audit of children on Child Protection Registers (CPR) found parental substance misuse was a concern for just over half the children, with alcohol the greater concern at 24% compared to 16% heroin use (Forrester, 2000). In an NSPCC study on physical punishment, 40% of children on CPR had parents with alcohol problems rising to 61% when they had drug and alcohol problems (Gorin, 2002). Similarly, Hayden's study (2004) found 75% of children on CPR had parents misusing alcohol on its own or with other substances; furthermore, social workers had the greatest concerns about these children. Forrester & Harwin's study (2006) identified a third (33%) of children on CPR were affected primarily by parental alcohol problems. I would argue that there needs to be caution exercised in the interpretation of data which relies on children and families already involved in the statutory child welfare system. There have been no similar audits of Child Protection Registers in Scotland, although local prevalence studies have been undertaken (see Section 2.3.2). Another source of data is children involved in the Children's Hearings System. In referrals to the Children's Reporter, parental alcohol problems were a factor in just under a quarter (24%) of the 19 086 referrals due to 'lack of parental care' to the Children's Hearings System in 2006/07 (Scottish Government, 2008b). The report 'Social backgrounds of Children Referred to the Reporter: a pilot study', showed 39% of children of a sampled caseload of 100 in June 2003 were referred from families where one or both parents have problems with alcohol (SCRA, 2004).

Opportunistic data from telephone help lines used by children also reflects children's experiences of abuse and maltreatment. Analysis of 3,255 calls from children

involving parental alcohol problems found that 41% of children had been physically assaulted and 9% had been sexually assaulted and, for the vast majority, this was by a drunken parent; of the children that had been physically assaulted, 64 had run away, over 100 had been emotionally abused and 70 spoke of neglect (Childline Scotland and CRFR, 2005). An evaluation of the National Association for Children of Alcoholics (NACOA) helpline data in 2007 found just over a third of young callers reporting emotional abuse (34.4%); 25% reported being physical abused and 13.2% being neglected (Curtis and Rawlings, 2007). However, there should be caution in any generalisation from this data given children have phoned these help lines, these children may be in the most difficult circumstances.

Many children and young people will not be abused or maltreated by parents who experience problems with alcohol (Velleman and Orford, 1999). Few UK research studies systematically explore children and young people's experiences of maltreatment that do not rely on local authority social work data or legal proceedings. This leaves a significant gap in knowledge about the lives of children who have not been identified as being maltreated or disclosed to an adult who has made a referral (or self referred) to a social work service. Therefore, a national cross sectional study undertaken by Cawson and colleagues (2000) at the NSPCC to establish definitions and prevalence figures of child maltreatment provides an invaluable insight. Using a postcode random probability sampling frame, the study involved 2 869 young people, aged between 18-24 years old, using a computer assisted personal interviewing (CAPI) (Cawson, et al., 2000). A subsequent report using the same dataset focused on the family lives of young people (Cawson, 2002). Of the young people who self assessed as maltreated, the carer/person having problems with alcohol was cited as an explanation in 34% of cases of neglect, 18% of cases of physical abuse, 8% of cases of emotional abuse and 9% of cases of sexual abuse (Cawson, 2002:35). Although respondents were not asked about parents' use of alcohol or drugs, eighty six young people (3% of the sample) indicated they 'often had to look after themselves because parents had problems of their own e.g. alcohol or drugs' (Cawson, 2002:39). In these cases, 37% self assessed as neglected, 41% physically abused, 26% emotionally abused at home and 33% sexually abused; as



Cawson (2002:39) concludes, these were much higher levels than the rest of the sample and despite the relatively small numbers, ‘these young people were clearly likely to have had particularly poor treatment’. Analysis is limited without a break down between alcohol and drug use and equally, it is important to recognise that the majority of these children did not report being abused and maltreated.

## **2.5 ‘Getting by’ and support**

### **2.5.1 ‘Getting by’**

Children may use many different strategies when affected by parental alcohol problems. Throughout the literature, there is a focus on risk and protective factors for children (see Cleaver, et al., 1999) reflecting the dominance of psychological perspectives on adult outcomes for children who grew up with various forms of adversity. As recognised in the work of Backett-Milburn and colleagues (2008), this historical focus on outcomes has overlooked an understanding of everyday social processes. Therefore, I use their term, ‘getting by’, rather than coping, ‘to encapsulate a more agentic notion of repertoires of everyday practices grounded in, but constrained by, these particular childhoods’ (Backett-Milburn, et al., 2008:464).

Many children may not talk to anybody about their worries and concerns (Butler and Williamson, 1994; Gorin, 2004). In Cawson’s (2002:69) study of abuse and maltreatment in childhood, 635 people (out of 2869 respondents) were asked if they had sought help when experiencing adverse treatment: 28% told somebody at the time, 27% told somebody later and 31% never told anybody. In a Scottish study with 86 young people (aged 13-14) the researchers found that ‘telling someone’ was the most common response to a range of problems, but other frequent responses included listening to music, crying, hitting, go off by myself/go to bedroom and hanging out with friends (Hallet, et al., 2003). I do not intend ‘keeping quiet’ to indicate passivity in children’s experiences, as Hallet and colleagues (2003:126) found,

‘Young people’s accounts of their strategies revealed that sometimes they would prefer to keep their problems to themselves or try and forget them. More boys than girls indicated they would watch television or pretend to others that everything was fine.’

As one young person responded, 'I just tend to bottle it up and I don't tell anyone and it goes away' (Hallet, et al., 2003:126). For the 31 young people living in a residential unit, 33% of girls and 57% of boys would not tell anyone about their problems (Hallet, et al., 2003:129). In a questionnaire with 314 S1 (age 11-12) pupils exploring how pupils cope with worry and stress, 17% of boys and 11% of girls agreed with the statement 'there is no point trying to talk to anyone about your worries' (Vincent, et al., 2006:35). Boys were more likely to engage in activities (play football, play PS2/PC games, watch TV) and girls were more likely to tell someone (ibid.). There are many factors that affect how children deal with their worries, for example, a child's age, birth order, gender and culture have been identified (Gorin, 2004; Laybourn, et al., 1996). Gender differences were found with girls identifying more problems and being more likely to talk to their friends than boys; personality was identified by young people as factor in the way they would cope and recognition that problems are context specific so responses were flexible (Hallet, et al., 2003). I include this broader context to reveal the complexity in how many different children and young people 'get by' when they experience a wide range of problems.

For children living with parental alcohol problems, there may be many reasons for 'keeping quiet': fear of being removed from the family home, causing trouble for parents, fear of being hurt or punished if discovered, perceived negative consequences of other people knowing (Gillan, et al., 2009; Kroll and Taylor, 2003; Laybourn, et al., 1996). There may also be strong supportive relationships within the family (discussed below), hence a sense that nobody else needs to know. As I go on to discuss, some children may be able to 'get by' very effectively with parental alcohol problems and the severity of the problems in terms of the impact on family life can vary significantly. A Swedish study with 96 children (aged 10-12) identified three main themes when children described their experiences of coping with a stressful situation; depending on oneself, others and the world around (e.g. using personal resources), choosing to be a doer (e.g. taking charge) and being in the here and now (e.g. deep breaths, slow down) (Kostenius and Öhring, 2009). Laybourn and colleagues (1996) identified two protective attempts to cope: problem focused

(attempting to stop parents from drinking by requests or pouring alcohol away, observing parents in a hope to moderate drinking) and emotion focused (recognising their own needs). As problem focused strategies were largely unsuccessful; four emotional focused coping strategies (avoidance, keeping watch, externalisation and internalisation) were more commonly used:

- *Avoidance* of the drinking parent – most frequently used strategy, often by staying in bedrooms or for several males, leaving the house
- *Keeping watch* on the drinker and the family– more frequently used by the females in the study, ‘for all of these children, full knowledge was preferable to uncertainty and avoidance’
- *Externalisation* – males tended to focus energy in anti-social ways (e.g. defiance, law breaking), females tended to do this in pro-social ways (e.g. enjoy school, participate in extra-curricular activities)
- *Internalisation* – a minority of children internalised feelings of anger and frustration (e.g. blaming selves) (Laybourn, et al., 1996:80-83)

In adults’ recollections, avoidance strategies were most frequently used in an attempt to ‘stay out of the way’ of the parent who was drinking (Velleman and Orford, 1999). These strategies demonstrate the abilities that children and young people have to negotiate difficulties in their lives;

‘It was clear that many children did not see themselves as passive victims of parental drinking, but as instrumental agents capable of taking action to prevent or mitigate it – however ineffective that might turn out to be’ (Laybourn, et al., 1996:79).

In a study of young people accessing a range of mental health support at school, a secondary school teacher recognises which children are likely not to be identified: ‘They are being quiet and they are being good and they are appearing to get on with it. These are the ones who, the danger is, that they may very well slip through the net’ (Spratt, et al., 2010:489). This suggests that some children’s strategies are more likely to be recognised (though not necessarily understood) by other people than others.

### ***2.5.2 Seeking support***

Children and young people seek support for problems primarily within the family and friendship networks (Gorin, 2004; Moran, 2007; Mullender, et al., 2003; Pinkerton and Dolan, 2007; Vincent, et al., 2006). For children affected by parental

alcohol problems, mothers were the most frequently named confidant, followed by grandmothers, aunts, uncles and siblings; friends and fathers were more rarely confided in; one child named a professional and two children stated they did not have anybody to confide in (Laybourn, et al., 1996). Similarly, talking to mothers (51%) followed by friends (37%) and fathers (28%) were responses of pupils (aged 11-12 years) on how they cope with stress and worry (Vincent, et al., 2006). An Irish study involving 172 young people (aged 11-18 years) who were referred to a Neighbourhood Youth Project due to being perceived at risk of a justice or welfare intervention found that, even when adolescents had difficult relationships with parents, they still perceived parents to be their main source of support (Pinkerton and Dolan, 2007). Mullender and colleagues (2003) found children drew support primarily from mothers and siblings (and for some children, wider family) when living with domestic violence.

Grandparents, aunts and uncles were generally considered to be good sources of support regarding family problems, although some young people were concerned that they might tell parents or did not feel close enough to them to confide (Vincent, et al., 2006). Grandparents were common confidants, provided emotional support and were a place of refuge for some children when a parent was drinking (Laybourn, et al., 1996). Siblings were identified as a source of support in some families and in particular, older female siblings; however, relationships were diverse and some children responded that they did not talk about parental drinking with their siblings at all (Laybourn, et al., 1996). Bancroft and colleagues (2004) reported similar findings, however they also highlighted the fragility of these family relationships and the consequences for children when wider family could no longer be relied upon as a source of support. Spiritual beliefs and membership of this community was reported as a positive source of support for a few young adults to cope with parental alcohol problems (Laybourn, et al., 1996).

Confiding in friends may be more likely when friends have similar experiences or already know about parental use of alcohol or have witnessed family arguments (Laybourn, et al., 1996). Four out of five young people had a close friend and these

friends 'were consistently seen as a strong provider of social support' in a neighbourhood study with 172 young people (Pinkerton and Dolan 2007:225). Friends were a good source of support as 'young people found them easy to talk to, said they listened and most of all they were trustworthy' (Vincent, et al., 2006:38). Across studies, girls were more likely to talk to friends about their problems than boys (Laybourn, et al., 1996; Vincent, et al., 2006). Analysis of calls to ChildLine of children and young people who had experienced abuse found that just over half (56%) discussed with the counsellor whether or not they had talked to anybody else; over two thirds (69%) had spoken to somebody else (Vincent and Daniel, 2004:162). Of these children, most chose to speak to a friend (44%), followed by a parent (22%) or a professional (9%). Girls were more likely to talk to somebody about the abuse than boys (74% compared to 58%). However, this source of support could be affected by home lives. In a study of young carers, children and young people were described as being 'doubly disadvantaged' as they are likely to have less time to socialise with friends and their caring role may impact on maintaining and developing new friendships (Thomas, et al., 2003).

In a study on help seeking, 112 adolescents (aged 14-15) completed a questionnaire revealing that 48% had sought help from a professional. Of these, the majority sought help within a school provision from a teacher (76%) or school counsellor (27%). Other sources of professional help included doctors (34%), religious leaders (33%), youth workers (29%), formal mental health professional (16%) and a telephone helpline (7%). Moran's study on help seeking, attachment and ethnicity (2007) found females had a higher intention to seek help and were more likely to seek help from their friends. Males are more likely than females to seek help from professionals, phone lines and religious leaders (Moran 2007:209). When children were experiencing difficulties, confidentiality and trust were considered across studies to be of paramount importance when seeking support (ChildLine, 2006; Franks and Medforth, 2005; Freake, et al., 2007; Gallagher, 2007). Dalrymple (2001) argues that children have a right to confidential services without needing an adult referral; the extensive use of telephone help lines, such as ChildLine, clearly demonstrate the need for confidentiality.

### 2.5.3 Experiences of services

Historically services for adults with alcohol problems have focused on the adult drinker and, although various alcohol strategies advocate working with the whole family, primarily services have been centred on the needs of the individual (Copello, et al., 2005). When services are working with the family, commonly this addresses the needs of partners or relatives and only in a minority of studies are children included in support services (Copello, et al., 2005). In one of the earliest Alcohol Concern reports on the impact of problem drinking parents, alcohol services were reported to ‘rarely have the remit, skills or training to work with children’ and similarly, services for children and young people ‘rarely feel able to deal with alcohol problems’ (Brisby, et al., 1997:17). A Scottish Government (2007:53) stock take exercise of Alcohol and Drug Action Teams found ‘the needs of families and carers of substance misusers appears to be an area of need that is under-recognised and under-resourced by ADATs’. Provision for families in private treatment services is unknown and arguably children in these families are even more hidden. Although a Scottish Drug Service Directory exists and includes services that work with those affected by drug and alcohol use, there is no similar service directory for providers focused primarily or wholly on alcohol issues. Therefore, the level of provision across Scotland remains uncertain as does the effectiveness of any support programmes for children affected by parental alcohol problems.

As outlined in the Section 2.3.1, there have been growing child welfare concerns for children living in families affected by substance misuse. The Advisory Council on the Misuse of Drugs report, *Hidden Harm: Responding to the needs of children of problem drug users* (2003), highlighted that scale of the problem and inadequate provision of services. The development of services for children affected by parental alcohol problems has involved a hybrid of substance use services and child welfare services. A review of effective support services for children in special circumstances identified a common theme for the need to establish strong links between children’s services and adult agencies working with parents on alcohol, drug and mental health issues (Stratham, 2004). Guidance to encourage interagency working is used in Scotland (Scottish Executive, 2001; Scottish Executive, 2003) and recent guidance

has been issued by the Department of Health (2009) to develop local joint protocols between drug and alcohol agencies and safeguarding boards in England and Wales. The review also highlights the 'limited information about the kinds of services children themselves would find most helpful in situations where their parents have significant difficulties' (Stratham, 2004:593).

In an international review of prevention programmes for children of problem drinkers, Cuijpers (2005) argues there have been few serious attempts at developing effective interventions programmes for children, despite many studies identifying children of problem drinkers as a 'high risk group'. The lack of consensus on what problem drinking consists of and which children may be at greatest risk present major problems that affect the development of evidence based prevention programmes (Cuijpers, 2005). Furthermore, ethical issues surround the recruitment of children to programmes, such as whether children could self identify as having a parent who was a problem drinker and the perceived need for parental consent which is likely to be difficult to obtain. Further considerations are given to the theoretical approach:

'Should the intervention focus on the limited coping skills of parents, on how the child can live with genetic vulnerability, on social support for children of problem drinkers to compensate for insufficient parental support, on skills to cope with parental drinking, or should the focus be on informing these children about drinking problems, the consequences for the family and how to deal with them?' (Cuijpers, 2005:468)

Four common components have been identified in preventative programmes for children affected by parental alcohol problems: social support, information, skills training (for example, how to deal with conflict at home) and coping with emotional problems (Cuijpers, 2005). However, Cuijpers (2005:473) argues that the effectiveness of these components is not known and 'what we need are high-quality, theory-driven interventions for clearly defined target groups with focused contents'.

An evaluation of a multidisciplinary Family Alcohol Service (FAS) that worked therapeutically with 32 families in a mix of family and individual sessions provided

important insights into children's engagement with this service (Velleman, et al., 2003). Eleven children involved in the evaluation highlighted the importance of:

- Having time to build relationships of trust; reliability and availability of staff
- Having different ways to communicate especially with regards to age
- Older children may need an incentive to attend, may not see the benefits
- Feeling safe to talk about feelings without being disloyal to parents – characteristics of workers and their ability to be sensitive specifically mentioned
- Reassurance that 'information would be contained, not get back to the adult in question or make matters worse'
- Being sensitive to the child's pace and not being made to talk
- 'Being listened to' and 'taken seriously' (Velleman, et al., 2003:36-38)

A small pilot study of the Parents and Children Together (PACT) service involved three families affected by parental substance misuse (two affected by parental alcohol problems, one by parental heroin use). Research findings from the four young people (aged ten to twelve) found they valued the opportunity for honest conversations, gave them confidence and the space to speak up without hurting their parents and highlighted a positive change in their parents (e.g. being less nervous) (Zohhadi, et al., 2006:10). Another evaluation of a Scottish service supporting families who have problems with drugs<sup>8</sup>, involved participant observation with children involved in a therapeutic group at the service (Cree and Gallagher, 2007). The researcher asked the children to express 'likes and dislikes' about the service; their likes included having fun, particular activities and snack time and dislikes included playing football and being pushed against a wall (Cree and Gallagher, 2007:27-28).

In one of the few studies that explored views towards service provision, children, young adults and parents were found to hold diverse views, often relating to the range of different problems and the 'different stages of readiness to confide' (Laybourn, et al., 1996:107). Specific services that were suggested by children were group work (n=3), individual counselling (n=2) and a generic community drop in centre (n=1). One young adult and two parents suggested the use of telephone help

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<sup>8</sup> It is unclear in this evaluation whether or not drug use includes alcohol or not.



lines. Family mediation and education initiatives were also suggested by parents. The difficulties in accessing children and seeking their views on services is clearly apparent; out of the six services identified for children in Scotland, none resulted in participants in the study (even after project workers had identified children and some researchers had met one group of four children), hence the views are from children who are not accessing any specialised support (Laybourn, et al., 1996). Further discussions raised the dilemmas of providing services; for example, there were mixed views on whether the location should be central or local, whether services for children should be independent from services for drinking parents, whether to have an identifying name or vague (to avoid stigmatising but also being open), whether services should be specialised or generic (Laybourn, et al., 1996). Although this study was limited in the scope of exploring children's own experiences of support services, the dilemmas and differences posed in meeting the needs of the families were keenly recognised.

Another area of service provision has been the growth of voluntary services for children and young people defined as young carers (Aldridge and Becker, 2003). The majority of Scottish young carers' services use a broad definition to include children and young people who are involved in a caring role for somebody else (most often a parent, but also siblings) that can include chronic illness, physical disability, mental illness and drug and alcohol use (Banks, et al., 2002). Although broader studies on young carers have included children affected by parental alcohol problems (Aldridge, 2008; Aldridge and Becker, 2003; Cree, 2003; Thomas, et al., 2003), I am unaware of any studies that have specifically explored children affected by parental alcohol problems as young carers. In a mixed method study of young carers in Scotland, researchers concluded that given 'the reluctance of young carers to identify themselves and seek support, the provision of support must be non-intrusive' (Banks, et al., 2002:243). A comprehensive resource pack for schools produced by The Princess Royal Trust for Carers and The Children's Society (2010) dedicates a chapter to the needs of children caring for parents with drug and/or alcohol problems and also highlights the possibility of a dual diagnosis with mental health problems.

The resource provides a list of what young carers affected by parental substance misuse require from schools:

- More understanding
  - More people to talk to who can deal with situations
  - Extra support with school work
  - School to raise the awareness of the dangers of drugs in the curriculum
  - To know other children who are affected by parental substance misuse
  - School nurses to check they are ok, undertake home visits and meet the family
  - To be taught more life skills
- (The Princess Trust for Young Carers and The Children's Society, 2010:18-19)

It is unclear whether or not this list has been compiled with the involvement of children and young people. A Scottish study of the provision of mental health support services located within schools recognised that,

‘for some children and young people, help seeking is a risky activity and, alongside other possible gateways to the service, they provided opportunities for children and young people themselves to control when and how they chose to seek support’ (Spratt, et al. 2010:492).

The possibility of accessing support in schools though may be limited for children who are not regularly attending school or are excluded from school. Furthermore, for children who are concerned with any perception of being seen as ‘different’ by their peers, accessing a specific service may be unlikely.

As demonstrated in this literature review, children and young people have used free, confidential telephone help lines, such as ChildLine (ChildLine, 1997; Childline Scotland and CRFR, 2005; Gillan, et al., 2009) and the National Association of Children of Alcoholics (Callingham, 2002; Curtis and Rawlings, 2007). As well as the use of the support websites such as those provided by the Children’s Society STARS service (<http://www.parentsusingdrugs.org.uk>) and a website established by ‘Emma’ for other children and young people affected by a parent’s alcohol or drug use after her own childhood experiences of living with her mother’s alcohol problem (<http://www.coap.org.uk>). Cuijpers (2005) suggests that the use of support websites by children should be evaluated as a preventative programme; surprisingly the use of telephone help lines which have a longer history are not considered, although this

may reflect a difference in provision in the UK compared to the Netherlands. Another possible source of support for young people affected by parental drinking is Al-Ateen which is part of the independent, self help organisation, Alcoholics Anonymous. Although Al-Ateen has been promoted as a source of support for young people affected by parental alcohol problems, there are very few groups operating across the UK and none in Scotland at the time of the fieldwork.<sup>9</sup> However, two young adults were recruited via Al-Ateen in the 1997 study suggesting groups have run in the past or operate sporadically (Laybourn, et al., 1996).

## **2.6 Limitations and gaps**

There are a number of limitations to highlight that influence the future direction of this study. Tunnard (2002a) and Templeton et al (2006) have already highlighted, there is a tendency to homogenise children and young people's experiences without due consideration for age, gender, ethnicity and socio-economic experience. There is a bias towards treatment populations, this can be parents but also children who are accessing support services. It may be suggested that children who are not known to services (whether alcohol agencies, children and family services) are potentially in more difficult situations as they are not accessing formal support; conversely, it may be that these children are in less difficult circumstances, have strong informal support networks and therefore, have not come to the attention of services. In not addressing these concerns, the diversity of children's experiences remains unknown.

One of the limitations is the absence of studies on children who no longer live with parents but are not 'looked after and accommodated' by the local authority. In their study of children living with kinship carers, Aldgate and McIntosh (2006) found parental substance misuse was the most common reason for this family arrangement but drugs and alcohol were combined without further exploration. The 'grey literature' recognises that child live in a diverse range of circumstances but this is rarely explored in research studies. For example, little is known about children's experiences when a parent has died due to related alcohol problems, when children

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<sup>9</sup> I contacted the Alcoholic Anonymous Glasgow office to inquire about Al-Ateen groups to be told that to their knowledge, the only Al-Ateen groups were in London (Personal communication, 2007).

are no longer living with the drinking parent (often due to parental separation or divorce) and children in kinship care arrangements (Kroll, 2007).

An English study exploring communication about alcohol in the family struggled to involve black and minority ethnic participants (Sheriff, et al., 2007). There is very little known about children from minority ethnic groups who are affected by parental alcohol problems. Hurcombe, Bayley and Goodman's (2010) review of ethnicity and alcohol in the UK found minority ethnic groups are less likely to seek treatment or advice for drinking problems. The authors highlight cases of religious prohibition of alcohol and negative views towards women's alcohol use may contribute to the need to hide alcohol use. Changes have been identified between first generation immigrants and subsequent generations signifying a shift towards more general population drinking habits (Hurcombe, et al., 2010). There are gaps in knowledge about minority ethnic groups and their alcohol consumption, partly due to the under-representation in the Scottish Health Survey and reliance on local surveys (Jarvis, 2009). Using the centrally recorded data on the Scottish Drug Misuse Database, in 2007/08 approximately 1% of new clients at drug treatment agencies reported an ethnicity other than white (no similar recording system for alcohol agencies) (Jarvis, 2009). In suggesting this is under-representative of the minority ethnic groups in Scotland (reported as 2% in the 2001 Census), lower numbers of people accessing treatment and potentially self reporting alcohol problems in health surveys will lead to an underestimation of children affected by parental alcohol problems. The Children's Society STARS project in Nottingham works with children affected by parental (or adults) substance misuse and around a quarter of the children using the service are from minority ethnic groups (Mayer, 2004). The following key themes have been identified by practitioners in working with these children: having unclear ethnic origins, different ethnic identities to siblings, holding stereotypes of ethnic groups, issues of ethnic identity in family placements and experiences of racism and violence (Mayer, 2004:150). Mayer (2004:159) advocates that practitioners working therapeutically with children should not treat race and parental substance use as 'separate phenomena' but see them as 'inextricably linked'.

One of the gaps in the literature is the absence of research with children who may be in the most difficult circumstances. Yet, arguably it is the children who have been identified as ‘at risk’ of experiencing abuse or neglect and are under surveillance that we are likely to have greater knowledge about, though not from their own perspectives (for example via audits of Child Protection Registers, Forrester, 2000; Forrester and Harwin, 2006). For example, a two year English study of how child protection practices and procedures respond to children in families where there are problems with domestic violence or parental alcohol and/or drug problems found the recruitment of families to the study incredibly difficult and despite their stated intention, no children or young people participated (Cleaver, et al., 2007). There appeared to be little consideration of alternative ways in which to engage with children that may have resulted in participation (such as working through voluntary services, working with children and young people who had historical experiences and were able to talk about them, using creative methods).

## **2.7 Conclusion**

This review of the literature demonstrates that there is a considerable amount known about children and young people affected by parental alcohol problems. However, although insightful in many ways, this literature is limited when attempting to understand children and young people’s own experiences. This leads to an over-reliance on a few sociological studies (Bancroft, et al., 2004; Christensen, 1997; Laybourn, et al., 1996). Some studies that do involve children and young people require some methodological caution: for example, whilst the ChildLine data is informative, there are limitations in using opportunistic data that is incomplete and not sought for research purposes (these limitations are recognised, see for example Gillan, et al., 2009). The use of voluntary agency research reports also have methodological limitations as well as having a specific policy agenda (see, Alcohol Concern and The Children's Society, 2010; Brisby, et al., 1997; Turning Point, 2006). In Chapter 3, I present the methodological approach to conducting research with children and young people affected by parental alcohol problems.

## CHAPTER 3

# THE BEGINNING OF A RESEARCH STORY WITH CHILDREN AND YOUNG PEOPLE

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*‘Grown-ups never understand anything for themselves, and it is tiresome for children to be always and forever explaining things to them.’*  
Extract from *The Little Prince* (de Saint-Exupéry, 1943:6)

### 3.1 Introduction

This chapter is the beginning of a story exploring research methodology and research methods with children and young people. It is simply the beginning because of the central analytical importance of the research approach in seeking children and young people’s knowledge about an often hidden, potentially sensitive, experience of having a parent (or carer) with an alcohol problem. The overall aim of the study was to engage with children and young people who have been affected by parental (or significant carer) alcohol problems and to explore, from their perspectives, the perceived impact on their lives and their experiences of support. The following broad research questions are explored:

- In what ways would children and young people engage in a research study exploring parental alcohol use? What factors facilitate and limit potential participation?
- How, why and when did children and young people communicate about parental alcohol use in the research study? What implications may this have for those working with children and young people on this issue?
- What impact did parental alcohol use have on children and young people’s lives? What are the similarities and differences in their experiences?
- What are children and young people’s concerns about parental alcohol use? How did they express these concerns?
- What factors affected children and young people’s use of informal or formal support?

These research questions were intentionally broad and flexible to allow for opportunities of meaningful engagement with children and young people at the start of the study to influence the research design. Throughout this chapter, I share the views and knowledge of children and young people on the research process. This may be an unorthodox approach to a methodology chapter, but I am keen to provide

an honest and reflective account of the development of my research methods that involved interaction, engagement and reflection with 30 children and young people.

This chapter is divided into four sections. Following a brief consideration of my epistemological stance, I outline the ethical framework used to develop the research design and the rationale for involving nine children and young people in a four week research group work programme called the Good Ideas groups. Malcolm Hill's (2006) review on research and consultation with children found few studies explore children and young people's own reflections on the research methods. In my study, children and young people were active contributors to constructing the research process and through this engagement the research developed, taking different turns in response to this learning. In the second section, I outline the main phase of fieldwork where, on the advice of the Good Ideas group, I intended to develop further group work possibilities and subsequently ran one small group, 'The Film Crew' with three boys. Due to the challenges of developing further group work and the learning from the Film Crew, I involved eighteen children and young people in a choice of individual, paired and small group interviews (see Figure 1 for an illustrated overview). The fieldwork began in January 2007 and was completed in September 2008. In the third section, I consider the prior knowledge shared through the interaction with voluntary services, parents and potential participants. The interaction with voluntary services, parents and other adults in a caring role, and potential participants as part of the recruitment process revealed a myriad of perceptions about participants' lives and influenced my subsequent analysis of how participants shared aspects of their lives. I illustrate that these interactions are of analytical merit and play an integral role in understanding how children and young people communicated about parental alcohol use in the study. In the final section, I discuss the data collected and the process of analysis. I explain my pragmatic approach to dissemination that ensured that findings were shared throughout the study within realistic timeframes to respect the involvement of children and young people.



Figure 1: The story of fieldwork



The research study involved 30 children and young people, aged nine to twenty years old recruited via eight voluntary organisations across Scotland. Given that this is an often hidden population, there are no claims that this sample is representative. Through a prolonged recruitment process, the final sample resulted in sixteen females (53%) and fourteen males (47%) participating in the study and all participants were of white Scottish ethnicity. The average age of participant was 13.4 years old. The geographical location of participants was influenced by the location of services; all services covered a demarcated local area (i.e. there were no ‘national’ service providers participating). Just over two thirds of participants lived in a Scottish city (Dundee, Edinburgh, Glasgow, Inverness and Perth) and nine participants lived in small towns or rural villages. Although living situations were found to be fairly changeable, at the time of the study half of the sample (n=15) were living with their mother, either alone or with siblings. One fifth of participants were living with a mother and father/stepfather and siblings (n=6). Four participants lived with their father either alone or with siblings and two participants lived with their grandparents. One young person was living in a local authority residential Young People’s Centre (YPC)<sup>10</sup>, one young person was living in their own flat and another young person was living in temporary hostel accommodation.

The sharing of knowledge about parental alcohol use in the research study was guided by a principle that all children and young people could choose to what extent they wanted to share details about their own lives. In Chapter 4, I discuss the various strategies used by children and young people to share (and not share) their experiences. Whilst recognising the dynamics of alcohol use in family life, it may be helpful for the reader to have a broad overview of the sample. Fifteen participants identified their mother as having an alcohol problem (n=15) and four participants identified their father as having an alcohol problem (n=4). When researching a highly sensitive topic, the complexities of children and young people’s familial experiences and the difficulties in directly talking about parental alcohol use are demonstrated in the remaining sample. One young person identified their mother as a problem alcohol

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<sup>10</sup> A YPC is a residential setting for children and young people who are ‘looked after and accommodated’ by the local authority. The YPC can accommodate between four to six young people (most often of secondary school age) in a suburban area of the city.

user and also had a father who had died as a result of drug use. One young person's father had died due to an alcohol-related condition. The sensitivity of talking to a researcher about parental alcohol use became apparent. For example, one young person preferred to talk about 'a family member' (although one in a parental role) rather than identifying which family member. One young person did not consider his mother to be a problematic user of alcohol (although this differed from the perception of the service practitioners). Six participants did not directly share details of alcohol use in their families in the research study (although they were identified by voluntary support services as living with a parent or carer with an alcohol problem). One participant was primarily affected by a mother and father's drug use but was keen to participate in the group work (discussed in Section 3.2.3). All of these participants were accessing voluntary support services and were specifically identified by service practitioners as being affected by parental (or carer) problematic alcohol use. For further clarification see Appendix 1 & 2 for a detailed profile of participants and their engagement in the research process.

## **3.2 Getting started: the 'Good Ideas' groups**

### ***3.2.1 Epistemological stance***

There has been a growing recognition that children are social actors in the social world (Alanen, 1988; Corsaro, 2005; James, et al., 1998; James and James, 2004; James and Prout, 1997; Jenks, 1996; Qvortrup, et al., 1994). Lee (2001) argued that one of the defining features of this paradigm is the recognition of children's own experiences. This ontological position in constructing children as individuals has led to an increasing number of research studies directly involving children and young people. Thus, I recognised children and young people as individuals who were worthy of study in their own right. As discussed in Chapter 2, the majority of knowledge *about* children affected by parental alcohol problems relies on retrospective accounts by adults or professional viewpoints (Tunnard, 2002a). In exploring the experiences of children and young people affected by parental (or carer) alcohol problems, children and young people are constructed as social actors who have agency in the social world. This positioning was central to the role of

children and young people as active participants and co-creators of knowledge in this research study.

Knowledge needs to be contextualised in the social world in which it was co-produced (Mason, 1996). One of the risks in seeking participants' experiences is to artificially imagine 'experience' exists in isolation and can simply be retrieved by a researcher. This overlooks the role of others, the embedded relationships, in the co-construction of knowledge (Finch & Mason, 1993; Smart, 2007). Thus, the knowledge I sought about children and young people was embedded in the research context. The knowledge that I would explore with participants would not be an absolute truth; rather a perception shared, understood and interpreted in a particular time. In attempting to make sense of research encounters, a high degree of critical reflexivity is prerequisite of a qualitative researcher (Mason, 1996). Through this process, I became aware of the role of emotion in making sense of our social world (as discussed in Chapter 5; see for example, Bondi, 2005; Williams and Bendelow, 1998). Throughout this thesis, I recognise that claims to knowledge are subjective; I prefer to use the modest language of insights, glimpses and gaps to honestly reflect my experience as a qualitative researcher in grappling with attempts 'to know' and increasingly understand children and young people's lives.

### ***3.2.2 Developing an ethical framework***

Social research is underpinned by the key principles of informed consent, integrity, respect, beneficence and justice at all stages of the research process for adults and children (Allen, 2005). The introduction of research guidelines and codes of practice originate from the international condemnation of the violation of human rights in medical research in World War II (Farrell, 2005). Although stemming from medical research, the social science community has developed and revised its own Statements of ethical practice (See for example, Association of Social Anthropologists of the UK and the Commonwealth, 1999; British Sociological Association, 2002; Social Research Association, 2003). Although these Statements include children and highlight 'particular care' should be taken, more detailed guidance for research with children has been developed (See Alderson and Morrow, 2004; Barnardo's, 2005; National Children's Bureau, 2003). For this collaborative study, I specifically refer to

*Barnardo's Statement of Ethical Research Practice* (Barnardo's, 2005) which is based on the following organisational values: respecting the unique worth of every individual; encouraging people to fulfil their potential; working with hope and exercising responsible stewardship. This Statement highlights the responsibilities of researchers in their relationships with participants, self, colleagues and funders (Barnardo's, 2005). Before commencing fieldwork, an Ethical review form was submitted to the University of Edinburgh Research Ethics Committee and to Dr Mary Duffy, Barnardo's Policy and Research team for approval and discussion. I recognised that completing a review form should be considered as part of the beginning, rather than simply a completed procedural requirement, of exploring ethics in research practice (Shaw, 2008). It should also be considered that the requirements of these procedural forms (prior to any fieldwork) limit the potential for children and young people to directly influence this part of the research process.

Social research will undoubtedly encounter anticipated and unanticipated ethical dilemmas at all stages of the research process; therefore, any written guidance is, by necessity, limited (Lindsay, 2000). Whilst adherence to specific disciplinary statements of ethical practice is a prerequisite for successful funding applications to research councils, overt reliance on these statements has been criticised (Allen, 2005; Shaw, 2008). In a strong rebuke, Adler and Adler (2001) argue that increasing governance has become a danger to the free endeavour of social research and may restrict research with more hidden or powerless groups in society. This argument has also been considered in conducting research with children;

‘Traditional ethics rightly stresses the importance of non-interference and avoiding deliberate harm, but little is said of the harm caused by over-protecting children, silencing them and excluding them from research.’ (Alderson and Morrow, 2004:31)

Thus, an epistemological question arises in how children are conceptualised in research and how ethical guidelines could, inadvertently be used to justify the non involvement of children, in particular, children living in more difficult situations (as discussed in Chapter 2). There have been significant shifts in how adult researchers conceptualise children, as object, as subject and as social actor; thus, ‘a more complex field emerges in which there is a greater scope for ethical dilemmas and

new responsibilities for researchers' (Christensen and Prout, 2002:478). As Renold and colleagues (2008:429) argue, the completion of ethical procedural forms and approval from ethical committees 'rarely assist the researcher's negotiations of 'ethics-in practice' –that is, the actual ethical conduct of the research project'. Thus, I draw from the researchers' critique of procedural ethics in the ExtraOrdinary Lives project with young people in care, to move towards a 'reflexive praxis' which 'involves in a critical dialogue of the ways in which different knowledges are produced (or indeed silenced) in our everyday relations within and beyond the research process' (Renold, et al., 2008:430). In their ethical statement, Barnardo's (2005:1), 'acknowledges that ethical practice is necessarily rooted in ongoing reflection and discussion. This statement does not, therefore, provide a set of rules - adherence to which will avoid ethical choices or dilemmas'. Throughout this thesis I share my reflections on the ethical dilemmas raised.

### ***3.2.3 The beginning: the 'Good Ideas' groups***

In exploring potentially sensitive research topics with children and young people, there are potential advantages in working with a similar group to consider the research process (Curtis, et al., 2004). However, as Cree and colleagues (2002) found in their attempts to involve children affected by parental (or carer) HIV in the design of information leaflets and a study logo, this initial involvement rarely led to further participation in the study. In previous studies, I have piloted research information and tools with similar groups of children and young people (Hill, et al., 2005); however, the intention of the research study was not simply to 'pilot' and make minor adjustments to research tools, rather to engage more reflexively with groups to inform, develop and refine all aspects of the research approach. At this stage, a set of simple exploratory research questions were developed:

- What language should I use to talk about parental alcohol use?
- How can I involve other children and young people who live with, or are affected by, a parent's use of alcohol?
- What factors do you think would affect other children and young people's participation in a research study?
- In what ways can I create opportunities to communicate about parental alcohol use in a way that is safe, not upsetting or difficult?
- What are the enablers and barriers to communicating about alcohol in the family?

- What are your views on a range of research tools e.g. talking, drawing, writing, watching and reviewing a short film, as a way to communicate about parental alcohol use?
- What are your ideas for communicating about parental alcohol use?
- What are the desirable qualities of a researcher? How might this affect children and young people's engagement?
- What are your reflections on the Good Ideas groups?

These research questions were intentionally open-ended and flexible to create opportunities for the research to be informed and developed by participants' direct engagement with myself and each other. There was an anticipated value in meeting groups where the 'interaction between participants highlights their view of the world, the language they use about an issue and their values and beliefs about an issue' (Gibbs, 1997:3). Similarly Coad and Lewis' (2004:33) literature review of children and young people's engagement in research highlighted 'the value of debate between participants in clarifying understanding and generating new ideas'. It was also considered that a group can be a supportive peer environment that can help to equalise the researcher-participant power dynamic; for example, Malcolm Hill's (2006:81) study on children's views on research and consultation methods found 'peers dilute the power dynamics compared with an individual child faced with an adult who is often a stranger.' Finally, studies exploring children's experiences of parental drug and alcohol use and evaluations of services found some children valued opportunities to meet peers in a supportive group setting (for example, see Cree and Gallagher, 2007; Harbin, 2000).

In September 2006, I attended a team meeting for a voluntary service that works specifically with families affected by parental alcohol problems across two local authorities in rural Scotland. The aim of the meeting was to begin early discussions about the possibility of running two small groups over a period of four weeks to explore children and young people's 'good ideas' about researching alcohol problems in the family. At the time of the study, the service operated from two buildings located in two local authorities. Other studies have found that groups can be used effectively to explore 'sensitive or high-involvement' topics with children; for example, children's experiences of domestic abuse (Buckley, et al., 2006) and young women who had been sexually abused about their views of the body,

relationships and sexuality (Overlien, et al., 2005). The team were very enthusiastic about the study and identified two groups of young people already familiar with each other from previous group work that they would approach. These groups were both girls' groups and, at the time of the study, unfortunately there were no viable options for running a boys or a mixed gender group. One advantage of using pre-existing groups on sensitive issues is the shared knowledge (at a most basic level) that all participants have experienced parental problem use of alcohol or drugs<sup>11</sup>; hence, participants would not have to disclose parental alcohol problems and their anonymity could be preserved within a (presumably) trusted group setting (Farquhar and Das, 1999:53). In working with service practitioners to identify an appropriate timescale to accommodate other work commitments, the groups were planned between February and March 2007.

### ***3.2.4 The process of informed consent***

There is a considerable literature about the importance of gaining children and young people's informed consent in research (Alderson and Morrow, 2004; Christensen and Prout, 2002; Morrow and Richards, 1996; Tisdall, et al., 2009). There has also been a growing recognition of researchers' experience of the complexity in gaining children's informed consent and the need to recognise the problematic underpinnings of the concept (Crow, et al., 2006; Gallagher, et al., 2010; Heath, et al., 2007; Renold, et al., 2008). As I discuss in Chapter 4, choosing to participate in a research study is much more complex than completing a consent form. With these caveats in mind, I would like to discuss how the process of consent often begins in research studies with children; thus I present an overview of the consent process for the Good Ideas groups, as well as the subsequent stages of the study. Starting from 'a presumption of competency', I considered that many children and young people would be able to make an informed decision on whether or not they would want *to begin* to participate in the research study. I would like to use Renold and colleagues' (2008:427) phrase of 'becoming participant' in research to emphasise an

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<sup>11</sup> With the exception of one young person who was primarily affected by parental problem drug use. However, earlier participation in group work meant excluding her would have a negative consequence for her in the view of the service practitioner. Careful discussions with the young person about the study and her parents confirmed that she was keen to participate and she felt her experiences would be an important contribution.

understanding of consent *as a process*. However, consent is not simply a linear process where participants are the ‘givers’ and I, as a researcher, was the ‘taker’ (Renold, et al., 2008:429). Rather, I found the process of consent to be contestable, renegotiable and situational, thus more cyclical than linear.

There are limited options to contact children as ‘competent social actors’ directly to ask if they would like to participate in a research study (James, et al., 1998). Access to children and young people frequently require adults as ‘gatekeepers’ (although Masson (2004) does pose the question about whether adult gatekeepers have a legal right to restrict children’s decision to participate in research). Very few studies will access children without some discussion with one adult, and often many adults, as part of a multilayered process of consent at which the child’s own consent is the last sought. The first stage of the study required procedural consent from senior managers of voluntary services identified to be working with families who experienced problems with alcohol. In total, thirteen services covering different geographical parts of Scotland were approached about the study via telephone and email and were keen to take part following a meeting with myself. With approval from the senior management, I attended meetings with practitioners in the service who were interested in the study to discuss meeting parents (and carers) and inviting children and young people to participate in the study. As France (2004:183) highlights, researchers need to be mindful when the often protracted process of obtaining consent through multiple gatekeepers and subsequent relief of gatekeeper consent can overshadow the central concern of *informed* consent from potential children and young people themselves.

Parental (or carer) consent was negotiated via service practitioners. This was anticipated to have benefits for children and parents in being open and honest about the research study. Given the different family circumstances, I was flexible in the approach to parental consent (for example, Sam was seventeen years old and no longer lived with his parents, hence seeking parental consent felt ethically inappropriate). As France (2004:181) highlights, ‘ethics cannot always help us make a decision about parent versus young person’s consent ... different situations require



different responses'. In respecting parent and carers' potential concerns for their children, I provided information leaflets and primarily sought verbal consent, with the option of practitioners using a written consent form. Like France (2004), I found some practitioners specifically required using consent forms with parents reflecting the protocols of the service. In contrast, some practitioners felt that consent forms were intimidating for the parents they worked with and a more informal discussion about the study was a more sensitive approach. I offered to visit any family members to explain the study in person and, on request, I visited ten parents with service practitioners using information leaflets and consent forms. One of the advantages of visiting parents was the opportunity to discuss preferred days, favourite snacks and things their child may not like doing. This often generated lively discussions and I felt gave parents respect for the knowledge they had about their children. Some practitioners felt a visit was unnecessary or inappropriate hence they provided the information to parents and passed on their response. Clearly, this limits my own understanding of parental views of the study and relies heavily on practitioners' communication to parents. This also required a high level of trust between myself and practitioners in accurately communicating the study. Not all of the parents approached agreed to their children taking part in the study however, my knowledge of these cases is restricted given my lack of involvement in the discussions. For the parents, and in once case, grandparents that I met, all but one father were positive about the children participating in the study if they chose to. There is an ethical question of whether I needed consent from the parent with the alcohol problem, regardless of the current living situation. In Asher's study of women married to men diagnosed and treated for an alcohol problem, she considers whether 'extended consent' is necessary from the husbands (Asher and Fine, 1991:197). Although she did not seek their consent, she faces a difficult field situation where a husband threatens to leave a treatment programme and the head counsellor insists the interview tape with the wife is destroyed. It could be argued, that this principle is disempowering and potentially reinforcing of power relations, where a person is only allowed to speak when another consents.<sup>12</sup> In my study, I did not specifically seek

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<sup>12</sup> Many studies in sensitive areas would not take place if the person being talked about had the right of extended consent. This would not be ethically appropriate, for example, requiring permission of violent partners in regards to domestic abuse.

consent from the parent with the alcohol problem when the child was no longer living with the parent.

Information leaflets and consent forms were designed and revised after comments from the service for children and parents and distributed by the service practitioners (see Appendices 4, 5 & 6). I consider the provision of information leaflets and completing a consent form are first steps in the consent process. Making an ‘informed’ decision requires information to be accessible and understandable (France, 2004). I designed the coloured leaflets with pictures (including a smiling photograph of myself) and simple language to explain the key points of the research study. In early discussions with practitioners, I emphasised how I could adapt the leaflets to any appropriate mode of communication that would be accessible to any potential participant (for example, different languages, audio version); however, this was not necessary. The distribution of leaflets by practitioners meant they had an awareness of the potential participants’ literacy skills so could provide support in reading the leaflet together if necessary. The consent forms was designed to provide some very basic information as well as what day they would like to meet me,<sup>13</sup> what was their favourite food was for a snack, anything else I should know (e.g. ‘I don’t like writing’) as well as their signature and date. Thus, I anticipated that the consent form reflected my commitment to participants making choices that I would attempt to respond to. During initial meetings with potential participants and some parents, I discussed the research using the information leaflet as a guide and provided some additional information about confidentiality and opportunities for any questions and comments (discussed below). The purpose of using of a digital recorder in group work and interviews was explained and choices were given to use all of the time, some of the time or not at all. If the choice was the latter, I asked if I could take some notes (discussed in more detail in Section 3.5.1).

For the Good Ideas groups, I was invited by one practitioner to meet a group of five girls (aged eleven to thirteen years old) who were currently completing an arts project as an opportunity to say hello and discuss the study in an informal setting.

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<sup>13</sup> Unfortunately, this was not an option in the group work due to the practical restraints of the availability of service space and staff to transport participants.

For this group, on request I also visited two Mums, one Dad, and a Mum and her partner at their respective family homes to explain the study and provide an opportunity to ask any questions. In contrast, the practitioner for the other group felt her explanation, with my information leaflet, was sufficient for the four girls in the group (aged thirteen and fourteen) and for their parents. Therefore, I explained the study and their choice to be involved in the first meeting of the Good Ideas group; this highlights the importance of understanding consent as a process, rather than a one-off event. Few research studies discuss the circumstances around those that chose not to participate (Lee, 1993). After meeting two young people at a service to explain the study, they chose not to participate after asking questions and discussing the study. Although as a researcher it can be difficult when this choice is made, I respected that these two young people had made an informed decision not to participate. This experience was rather reassuring; choosing not to participate reflecting that I was providing a meaningful choice to engage in a research study or not.

### ***3.2.5 Considerations of confidentiality***

The principle of confidentiality is central to the research process and often a prerequisite for developing a trusting relationship. Yet children, unlike most adults, are rarely granted full confidentiality (Alderson and Morrow, 2004; Masson, 2004). This was demonstrated in the fieldwork, where some participants appear to presume that I would talk to other adults about what they said (e.g. parents, service practitioners). At the start of all interviews we discussed the principles of confidentiality; for example, Bart clarified with me, ‘so you won’t tell my Mum what I said?’ In a discussion about ‘what makes a good researcher’, the Good Ideas groups focused on confidentiality and trust. The choice of participation in the research meant that for the seven participants who spoke to me individually a relatively straightforward discussion about confidentiality took place at the start of our meeting. Another seven spoke in pairs and a group of three but all appeared familiar with the concept of confidentiality and had chosen to talk with each other present.<sup>14</sup>

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<sup>14</sup> There was an incident where in a paired interview Sam shared information about Tamara that she was unhappy about. In discussion, I ended the interview shortly afterwards.

The conditions of confidentiality in the group work stages of fieldwork were more problematic. In discussion with participants, practitioners were invited to be part of the group as part of their decision in how to participate in the study. This relates to similar studies using group work:

‘when given the option, many young people – especially when discussing something sensitive – decided to have a particular member of staff with them when they talked to us’ (Curtis, et al., 2004:171).

Service practitioners and a filmmaker were involved in the group work, although they were not present for all stages. There was a practical presence of service practitioners in providing transport and ensuring service protocols of having two adults present during any group meetings (for example, in case of an accident). The different personalities of the service practitioners created different dynamics in the groups; for example, one practitioner would often leave the room for the discussions seeing her role as helping with the practicalities of the group whereas another would participate fully in the conversations. Although I explained the principles of confidentiality of the research, I remain uncertain as to whether or not this is viable with service practitioners present who would continue to work with the participants with the knowledge of what they have shared. In the later stages of fieldwork, I was aware that when given the choice, the participants wanted to speak to me alone or with a friend or sibling. In one group interview with four participants, the practitioner was keen to stay and practically it was helpful when the four participants actually wanted to talk in pairs. Although I gave the option to talk without the practitioner present, I recognise that this was perhaps an unfair request when the practitioner was already sat in the room. In hindsight, I should have suggested that the practitioner was not present as it became apparent that one young person was not comfortable with her presence and she restricted my ability to provide opportunities not to participate (for example, he wanted to go outside for a cigarette and she said no).

There are contested limits to confidentiality in research with children: If a child discloses that they or another child are being abused, or if the researcher recognises a medical condition that requires attention, confidentiality may be breached (Masson, 2004). Although in the UK there is no mandatory reporting requirement, the majority

of guidance suggest that a third party is made aware of any disclosure of abuse (Williamson, et al., 2005). In recognising children and young people who at risk or vulnerable may be particularly distrustful of confidentiality clauses when participating in research, Barnardo's guidance suggests the following explanation,

‘Whatever you have to say in this interview/focus group/questionnaire is confidential unless you tell me that you or someone else is in immediate danger of serious harm, or I see or am told about something that is likely to cause serious harm. If that happens, I would need to report it to someone who might be able to help. I would talk to you about what I will need to do, what might happen, and how you would prefer to deal with the situation’ (Barnardo's, 2005:5).

In various paraphrases, I used this explanation, although I tended to use the word ‘hurt’ rather than ‘harm’, when introducing the research study. Interpretations of what constitutes ‘serious harm’ (or hurt) by researchers and participants may be open to interpretation and participants and researchers may hold different understandings (Gallagher, et al., 2010). Analysis of children's reactions to child protection protocols found different interpretations to what the phrase ‘if you tell me that you are being hurt then I would have to tell somebody else’ actually means (Williamson et al 2005:401). In a discussion about the research study, I was challenged on this stance in the Good Ideas group when Alesha argued: ‘I don't think that's right ‘cos you'd be betraying my trust if I told you something and then you told someone else’. In explaining that we would discuss different options and decide together, she still responded that she did not think this was fair and, in hindsight, this exchange had negative consequences for our future relationship. Although my explanation is fairly commonly used in research studies with children (Gallagher, et al., 2010), other researchers have taken different approaches. For example, in Punch's (2002:47) study with 13 and 14 year olds about their worries, only ‘extreme disclosures’ where ‘their life was in danger’ would be a reason to breach confidentiality. Thomas and O'Kane (1998:340) question the ‘emerging consensus’ of sharing disclosed information and argue that any disclosure would reflect the trust that had been developed and information would only be shared with the child's consent; however, in their study no disclosures occurred. In practice, I often felt uncomfortable with the stance chosen as, despite the assurance to involve the participant in the decision, it did reassert an adult-child power relation.

### ***3.2.6 Using a participatory research approach***

During February and March 2008, two Good Ideas groups met for one evening on four consecutive weeks at the voluntary service. The format for the Good Ideas groups involved welcome and informal chat, a warm-up game (or icebreaker), a choice of a few different task based activities, a break at a time of their choosing and an evaluation. The groups were responsive to the ideas of participants; for example, the lengths of time were extended after the first meetings. Many different activities were used in the groups to explore different stages of the research (see Appendix 6 for a complete table of activities, descriptions and shared views of participants). The use of flexible research methods that allow different choices for involvement has been recognised as an advantage when conducting research with children and young people (Coad and Lewis; Hill 2006; Punch 2002; Veale, 2005). Furthermore, their own experience of becoming involved in the study could be discussed and reflected on.

Although ethical guidelines clearly emphasise participants' right to withdraw from a study and re-engage this area can be overlooked in the research design. I reiterated the importance of having choices to participate and reaffirmed the intention that this would have no negative consequences for themselves, especially in their relationship with the service (Cree, et al., 2002). Given their relationship with the service and their peer group, I do question how effective I was in conveying this message. I devised a fluid structure of the group work and interviews to involve opt in and opt out activities and spaces to encourage, rather than coerce, participation (See Figure 2; Hill, et al., 2009). During the group work stages of the fieldwork, participants designated part of the room as a 'chill out' area using a sign and putting down large cushions, a selection of magazines and pens and paper. I introduced this as a space that could be used by anybody whenever they wanted, for how long they wanted, without permission and could return whenever they wanted. In one of the groups, Christina suggested a space in the room as appropriate because 'you can chill out but still listen there'. This space was sometimes used (as was going to the toilet, to the kitchen or another room) but I think the specific value was the message of not having to participate at all times. Although I initially wondered if the magazines would be a

tempting distraction rather than a choice not to participate, this did not prove to be the case. I continued to use the laminated sign and the magazines in the individual and small group interviews as well to provide a meaningful ‘opt out’ option. I also used a ‘postbox’ where anonymous comments could be deposited at any time (similarly to Punch (2002) who used a ‘secret box’ when researching children's worries).

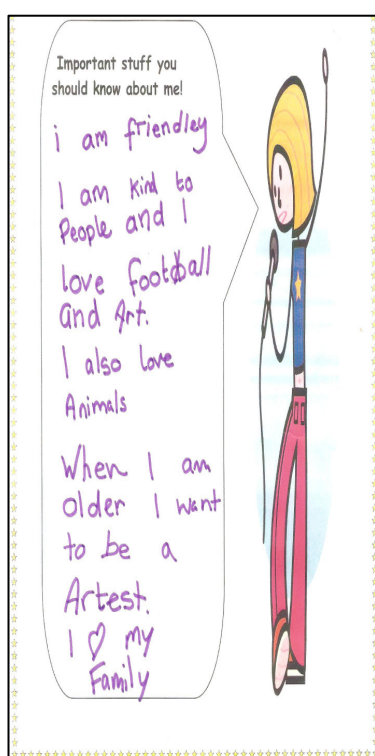


Figure 2: Example of a research setting using a ‘chill out’ zone

The initial intention was to seek their views on suggested research activities; however, it became apparent that participants preferred ‘to do’ the activity and then comment on it. This relates to the broader research literature where ‘doing’ can be preferential to ‘just talking’ (Curtis, et al., 2004). This generated a much richer understanding of the research method but also substantially increased my knowledge of their lives. There are four main areas that I explored using task based activities in the groups: views of research, who they were, their understanding of alcohol and family life, and knowledge of support. Firstly, I used some task based activities to explore their understanding of research itself and their broader views on the research process. I used examples of research (MSc dissertation, a research book, research reports designed for young people) to explain the process and in one group they asked me to explain through the game of charades! This generated discussions as did using the materials they had already received. I created a game called ‘Question

time' where they took it in turns to ask each other questions about the research study. They seemed to enjoy pulling out questions from the envelope and using the microphones on the recorder to take it in turns to be the 'interviewer'. This activity provided an additional opportunity to clarify the group's understanding of the research study. Another activity involved drawing an outline of a person on a roll of paper and dividing this in half then they gathered round the paper and wrote or drew different comments about the qualities of an 'excellent' and 'rubbish' researcher. This helped me to understand the importance of the personal qualities of a researcher, where listening and trust were excellent and 'putting words in your mouth' and 'trying to get you to say stuff you don't want 2' were particularly 'rubbish'. These activities were used to inform my future research approach.

Secondly, I was keen to find out more about their lives. Activities included designing their own 'paper person' to represent themselves, completing a research diary over a week including an eco map of people and pets in their lives and 'important stuff to know about me' (see Figure 3). Some of the girls used drawing and stickers as well



as writing. Others preferred just to tell me rather than do the activity. These activities served multiple research purposes: I learnt about some aspects of their lives, they appeared to like the opportunity to share what they felt was important without specific questions and most importantly, they felt it demonstrated that I was genuinely interested in them and 'not just the problems' as Elizabeth explained. Hence, building on these activities and their suggestions, in the next stages of fieldwork I used a bright colour of paper of their choice with 'Important stuff to know about me' in the middle to start the interview where they could share as much or as little as they wanted about themselves.

Figure 3: Ash's diary extract



Thirdly, I explored a range of research activities designed to seek their knowledge about alcohol and the impact on family life. The purpose of these activities was to see how the girls engaged with them and the data that was generated. The specific value of using activities was the possibility that they would provide a way to start talking about alcohol and the family that did not involve direct questioning. One of the first activities involved writing, drawing or talking about ‘what came into their head when I said the word alcohol’ using the outline of a bottle shape on a piece of paper. They chose to do this individually and in pairs. In explaining there were no right or wrong answers, just whatever they thought, I was interested to see whether they would share anything about alcohol in the family. In another Good Ideas group, I used photographs of different alcohol bottles as a way to start talking about alcohol. From these activities, the former appeared to create more opportunities for open discussion; hence, I used this activity in future fieldwork.

Vignettes may be particularly valuable when conducting research on a sensitive topic as participants can choose to talk through a ‘third person’ rather than talk directly about their own lives (Hazel, 1995). One activity that was particularly successful involved watching ‘Amy’s story’, a short DVD about a day in the life of a girl called Amy who lives with Mum who has an alcohol problem.<sup>15</sup> A research study using vignettes about violence in children’s homes found participants enjoyed the stories as ‘it is better than just talking all the time cos that’s boring’ and there was increased enthusiasm when children were aware that the stories were based on another child’s ‘real’ experience (Barter and Renold, 2000:318). Using a vignette in the form of a film potentially had advantages over a written or pictorial vignette due to the anticipated increased engagement in ‘watching a DVD’ that may be a familiar and enjoyable activity for participants. It was hoped that this tool would be more inclusive of children who do not enjoy reading. Amy’s Story is a short film (approximately 8 minutes) that was watched together on a laptop computer with the option of then completing ‘A film review’ to discuss the storyline. The story centres on Amy, a twelve year old girl who lives with her mum and her younger brother and

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<sup>15</sup> The Project Alcohol DVD was developed as an alcohol educational tool by Cambuslang and Rutherglen Community Health Initiative (C.H.I.). The DVD was written, acted, directed and filmed by pupils at Trinity High School in Rutherglen with the support of a C.H.I. alcohol practitioner.

sister. Amy's mum is experiencing problems with alcohol and Amy seeks help after a difficult day at school after seeing a poster about a local alcohol service. Caring responsibilities and self care issues, bullying, relationships with teachers and peers, seeking help and alcohol counselling services are all explored through Amy's story. In using vignettes, Barter and Renold (2000:310) found it 'leaves space for young people to define the situation in their own terms.' The level of engagement and discussion generated through all aspects of Amy's story, from setting up a laptop to colouring in stars to 'rate' different aspects of the film in their Film review, led to the inclusion of this activity at all stages of the research study.

Fourthly, I was keen to hear their views about services so I asked the groups if they wanted to design a poster about the service they were involved in. During the designing we were able to talk about how the service could support children and young people. However, this was not a popular activity and it was difficult to discuss their experiences of support. The success of using stickers for the feedback led me to develop a large sheet with a list of different sources of informal and formal support and asked them to choose an excellent, okay or rubbish for each one with blank spaces for anyone I had missed out. I asked for their views on all the different activities we had chosen to do or not. This helped me to understand their reflections, my observations as well as a record of the data produced. At the end of every group meeting, I had devised an evaluation activity as an opportunity to reflect on the different activities considered that day. The girls took an active role in evaluating the different research activities through completing a feedback sheet (for example, see Figure 4). As expected, I found that the girls all had different activities that they liked and disliked. Group A decided how to share their feedback: they asked me to leave the room so that they could discuss and then invited me back in to 'present' their views. There was the possibility for everybody to have a different view and opinion on where they chose a rubbish, ok or excellent sticker. These views could be challenged though and I had to reassure the girls that I wanted to know what they genuinely thought and not to view it as personal to myself. This was demonstrated by the following exchange in Group B, for the researcher activity, Alesha put a rubbish sticker and Michelle said 'what are you being awful for?' and Alesha replied 'well I

just didn't like it'. The value of this activity was the differences of opinion, although these could be moderated by the group especially when particular individuals dominated. The data generated through the activity helped to formulate the activities then used in the next stages of the fieldwork.

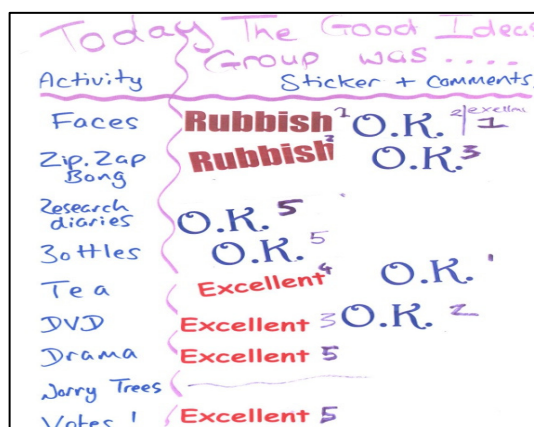


Figure 4: Good Ideas group A Evaluation

### 3.2.7 Listening to the Good Ideas about involving children and young people

The perceived challenges of accessing children and young people affected by parental alcohol use was recognised in our first 'Good Ideas' group, when Elizabeth asked me 'how are you going to *get to* the young people?' emphasising that she felt it would be a difficult task. From the literature and my own research experience, I appeared to have combined three factors: a sensitive topic, a hidden population and research with children that all ensured that negotiating access was likely to be time consuming process, as similar studies have found (Aubrey and Dahl, 2006; Bancroft, et al., 2004; Barnard, 2005). This significant investment of time requires a careful consideration of which routes to explore. The girls shared their views on how they would consider recruiting participants and considered the advantages and disadvantages of different approaches. For example, one of the groups of five girls thought I should visit different schools with an alcohol practitioner and talk to the whole class generally about alcohol in the family and then ask if anybody wanted to talk in smaller groups. Initially, they suggested groups of five pupils but at lunchtime not in lessons as Michelle felt 'they'll all come and talk to you to get out of lessons.' However, they later decided that 'some people would take the mic' and it would be difficult to talk, with Alesha explaining, 'no offence but I wouldn't talk to you.' One of their concerns was the potential identification from their peer group in having an alcohol problem in the family and also having to sacrifice their lunchtime. Although I had considered attempting to access children via schools potentially linking to alcohol education programmes, I decided that the concerns of the girls were significant enough to explore other routes.

Attempting to access children directly to participate in the research study was spontaneously discussed in one of the groups, as an extract from my fieldwork diary shows:

Alesha said I should put an advert in the newspaper. She suggested I wrote 'Help needed. I need information. I am a young student looking for children living with alcoholic parents.' At this point Elizabeth interrupted saying no and Michelle seemed to agree. Elizabeth said 'Can you imagine reading the paper and them seeing you reading that? They might go mental!' Alesha then seemed to agree.... [Later in conversation] Elizabeth said 'It could be a paedo and you wouldn't ken who it was!' She goes on to say 'there's no way that your parents would let you meet them.'

*Fieldwork diary: Good Ideas Group B, Session 3*

These young people were able to critically reflect on the perceived negative consequences of being approached by a stranger to participant in a research study. They highlight an awareness of their own safety and are aware of the potential consequences of a parent's reaction. The Good Ideas groups exceeded my expectations in contributing to the research process as well as generating a rich source of data on their own lives. One of the many values of using the Good Ideas groups was that I was already practically exploring the viability of accessing an established group via a specialised voluntary agency. The feedback from both groups about this approach was very positive and I recognised that this was because it was fulfilling multiple agendas, as demonstrated below in Christina's message to me (see Figure 5). The girls' own engagement and reflections on the groups suggested that further group work would be valuable. Therefore, although initially intended as an exploratory group, I made two conclusions. Firstly, and with consent, the data collected in this stage of the study was a central part of the whole study and secondly, that developing this research approach with children and young people accessing similar voluntary support agencies would be beneficial. Based on the initial success of accessing children and young people through voluntary agencies, the positive endorsement of this approach from the nine participants and the relatively new development of these services focused on supporting families affected by parental substance use (Previously, very few voluntary services existed and

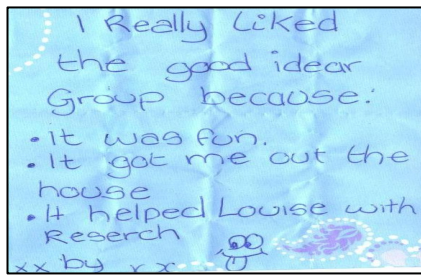


Figure 5: Christina's post box comment

researchers had been unable to recruit children and young people through these channels; see for example, Laybourn, et al., 1996), I decided to use a range of voluntary agencies (alcohol, child welfare focused, family support).

### 3.3 Involving children and young people

#### 3.3.1 Exploring group work

The aim of the next stage of fieldwork was to engage with children and young people, preferably already known to each through group work, who were accessing voluntary support services. Historically, there has been a separation of child welfare services and drug and alcohol services (Advisory Council on the Misuse of Drugs (ACMD), 2003; Kroll and Taylor, 2003). However, in the last decade there have been a growing number of voluntary services focused on working with children and their parents where there are problems with alcohol and drugs (Scottish Executive, 2006; Taylor, et al., 2008). As there are a relatively small number of voluntary services working directly with children and young people affected by parental alcohol problems, many had already been involved in some policy or forum (for example, see Russell, 2007) or were known via professional contacts. Therefore, through early discussions with service providers and a snowballing strategy, I identified thirteen potential services across Scotland (including the service involved in the Good Ideas groups). Seven services were led by child welfare voluntary agencies that had one or more services (Aberlour, Barnardo's, Children 1<sup>st</sup> and Circle Scotland). Three services were specifically for young carers or befriending activities for children and young people. Other services included: a family alcohol service covering a large local authority, a church based organisation for families with drug or alcohol problems and a local youth provision. There were differences across the services in the extent to which they had knowledge about family circumstances and the focus of their work on this area (see Section 3.4.1). I decided to approach a number of voluntary agencies as I anticipated that each agency may lead to the participation of only a few children and young people. One of the considerations of

this approach was the impact on the age of participants with the majority of services were working with children of a broad age range: often between eight and eighteen years old.

At this stage, I had still hoped to use a group work approach; however, in discussion with the services, there were limited opportunities and some practitioner concerns. In the first instance, the majority of services were involved in individual work with the child and the family, rather than historically or currently using group work with children. In the one pre-existing group that was known, there was already an agreed social programme of events, hence I wanted to respect their time for this. In discussion with this group, they decided to participate in smaller group interviews (see Section 3.3.3). In other cases, services had established groups with broader remits that included children and young people with different family situations (for example, a practitioner explained that, in their weekly Young carers' group, reasons for an individual's involvement in the service were not openly discussed). In these cases, practitioners were concerned that potential participants would not want to identify their family situation to their peers in forming a new group focused on alcohol in the family. One service practitioner told me that a recent attempt at a mixed gendered group had been unsuccessful and the group had been discontinued. Therefore, I began discussions with services about the possibility of forming new groups for the research study. As my study was an exploration of research methods, it could be analytically valuable to compare groups that are established, with groups formed for the purpose of the research. For the majority of services this was viewed positively, although there was a general concern about confidentiality, especially in services where children and young people rarely met each other. However, in the planning stages this idea for the majority of services quickly became unfeasible. A key factor was a concern about group formation and different personalities. Another barrier was the practical restraints of practitioner time and use of a private space in the service. As there was another option of individual or paired interviews, many practitioners concluded that this would be the most appropriate route (see Section 3.3.3). Therefore, from these discussions only one new group was developed, a boys' group called 'The Film Crew'.

### ***3.3.2 The Film Crew***

As the previous groups had involved girls and there was an opportunity to develop a new group, I decided to explore the option of a boys' research group. The girls in the Good Ideas groups suggested that to involve boys in the research study I should use an activity that would appeal to them. In discussions with practitioners, using a specific activity was perceived to be of greater benefit to participants, as well as provide an incentive to participate; as one practitioner explained, 'you need a carrot!' The girls' own lively engagement with reviewing the short film, 'Amy's story' and developing their own dramas led me to consider exploring film making. As I have no skills or experience of film making, I successfully applied to the AL Charitable Trust for a small research grant of £500 which enabled me to recruit a filmmaker who had lots of experience of making small budget community films with young people. The proposed aim of the project was to explore film making techniques and create some individual or collective films on the topic of alcohol and the family over five group work sessions at the voluntary service. The anticipated value of this approach was in the process, i.e. the discussions that take place and developing their own ideas, rather than the final output of a film. Careful consideration was given to the issues of anonymity and confidentiality in using the medium of film; ideas to preserve anonymity (such as not using real people, or disguising faces) were planned to be discussed in the group. It was hoped that this would be a positive and enjoyable opportunity for participants; thus, the research project would be a mutually beneficial experience.

The voluntary service that was keen to explore this aspect of the research worked with children and families in need of support for a broader range of issues than alcohol. Therefore, the service had to identify boys to participate through using service case files. This was a greater challenge than anticipated: case files did not routinely state if alcohol was an issue for the family; there was uncertainty as to whether the issue of alcohol had been raised between practitioners and families and many more families were referred to the service for parental drug use rather than alcohol use. Six boys were identified and five were asked to participate in the research project. Following visits to a family home, a secondary school and Young People's Centre (YPC) to explain the research with a known practitioner, three boys

aged twelve, fourteen and fifteen decided to take part in the research group. Information leaflets and consent forms were used with the boys and their parents/social worker (see Appendix 4). Careful explanations were given about choosing not to participate at any stage in the research project and I emphasised that this would not jeopardise their relationship with the voluntary service. Lee (1993) argues that researchers rarely consider those who choose not to participate in research. In this stage of the study, one young person felt group work would be difficult and he was worried about his dad's reaction to the research (despite the practitioner's assurances); one young person said yes and later changed his mind after 'a tough time' at home and another young person was not given a choice of participation due to already participating in some therapeutic group work on the same day.

The format of the group followed a similar structure to the Good Ideas groups with a range of activities and 'opt out' options, choice of food and transport provided by the practitioner. This is a brief summary of the plan for The Film Crew over the five weeks:

<b><i>Week one</i></b>	<i>Getting to know each other; what is research; what is film making; examples of films; using the camcorder</i>
<b><i>Week two</i></b>	<i>Talking about alcohol; developing ideas for a film script; using filming equipment</i>
<b><i>Week three</i></b>	<i>Filming session – different roles (e.g. operating a camera, light/sound, director, acting/animation)</i>
<b><i>Week four</i></b>	<i>Continue filming session – discuss progress, make changes, begin editing</i>
<b><i>Week five</i></b>	<i>Editing; designing cover; showing for group, feedback from participants on their views of the group; Thank you; Discuss feedback options</i>

Building on the findings from the Good Ideas groups, I developed activities that encouraged the group to 'get to know' each other. For example, one activity involved making an animated film with plasticine characters where they would interview each other. This served multiple purposes as they had the opportunity to use the film equipment, explore animation as well as share some details about themselves. Task based activities that had been used in the Good Ideas Groups were also used to explore the topic of alcohol and the family: for example, the short film, Amy's Story,



was watched and discussed and the alcohol bottle. Another group activity included identifying people they would talk to using a selection of cards. The purposes of these activities were to begin to form ideas for storylines and create a film, as well as provide insights. However, there was little interest in developing storylines around these areas. One of the young people had a keen interest in filming and enjoyed developing his own action based storylines and then editing and presenting a short film. Therefore, I changed the planned format of the group to rotate activities where there would be two film activities and an activity with myself that would focus on their views of alcohol and family life. This appeared to be more successful and two of the boys that attended that session chose to talk to me. This format suggested that although there was a value in group activities, they preferred to talk about family life in a more private, individual setting.

Curtis and colleagues (2001:168) argue that in the wider literature of researching with children and young people the experienced difficulties of research endeavours are rarely reported and they suggest 'frankness about some of these problems is the first step towards building and developing better research practice'. There were a number of challenges for this group. Firstly, the participants did not know each other hence there was a lack of group identity. At times, there was a sense of cohesion but mostly it appeared that the boys were more comfortable with the adults than each other. Secondly, it became clear due to personal circumstances of some of the group that it was difficult for everybody to attend every week. Unfortunately, Friday was the only viable day for the adults but this may have presented practical difficulties for participants; for example, if they stayed with a different parent at the weekend. In the final two weeks, only one young person attended. This may reflect practical difficulties but also indicates participants' choices of disengagement from the group. Thirdly, making a film about alcohol and the family was my researcher agenda but it clearly was not the favoured choice of participants. Therefore, I decided at this stage to not attempt to create new groups and instead use task based activities in individual, paired or small group interviews.

### ***3.3.3 Interviews***

From July to September 2008, eighteen children and young people participated in individual, paired or small group interviews. This stage was an accumulation of learning from the two previous stages. It reflected the importance of giving choices to potential participants with a greater understanding of the practical limitations of group work. All gate keeping services had originally been approached to consider using or developing a small group work programme for the research. Across the services, there was a very positive response to the research study with practitioners stating that alcohol was 'a big issue'; however, in preparation for our meeting, a number of services checked family case files and found that drugs were the main substance of choice recorded in the file, rather than alcohol. Often this finding was a surprise to the service and led to apologies as services were unable to categorically identify any potential participants. One of the reasons discussed was the possibility that problematic alcohol use may be more difficult to discuss with parents due to issues of legality and social acceptability. Five voluntary services were engaged in the early stages of research and identified potential participants but ultimately no children and families participated from these services. In some cases, children and parents had discussed the research with the practitioner and deciding not to participate. Some practitioners considered an invitation to participate in research as inappropriate for families experiencing particularly difficult times (termed 'crisis' by practitioners) or alcohol was perceived as a secondary issue in a family where illegal drug use was already identified. In some cases, children were excluded from the study by practitioners prior to being given any information due to a perceived negative impact of being asked to participate. This corresponds with Aldridge and Becker's (2003:170) study of children caring for parents with mental illness, where they found project workers were 'implementing their own stratification of the sample by making personal and professional judgement about whether certain families were 'suitable' or stable enough to withstand the interview process.' Obviously in some cases, practitioners have made an appropriate ethical appraisal of a situation; however, it is likely that some children may have wanted the opportunity to participate in the study.

Like Goode's (2000:5) qualitative research with mothers with drug or alcohol problems, I similarly found 'the decisive factor in the success of the research was the positive attitude of a small number of committed enthusiastic staff members at various sites.' Informal meetings to discuss the research were arranged by practitioners and involved visits to family homes and services, as recommended as particularly useful in engaging 'hard to reach' young people (Curtis, et al., 2004). I met one young person at a familiar swimming pool café with a practitioner (after an unsuccessful visit to the family home). One service invited me to spend time informally with potential participants by going on a group outing at the local bowling alley. I spoke to another young person on the telephone after her volunteer mentor had shown her the research leaflet. One young carers' service produced a local newsletter and wrote an article about the research inviting participants to contact the practitioner. One mother responded positively to the article indicating her two children were interested in talking to me and another two young people were recruited via a practitioner.

In the informal meetings, I was keen to offer a choice of how potential participants engaged in the research study (although I was aware from the earlier stages of how these choices may be practically restricted due to service space, available transport, other scheduled interviews). Therefore, the choices were to talk to me by themselves, with a friend or with an adult (e.g. parent, practitioner and mentor). Out of the eighteen participants:

- Seven chose to speak to me individually (five boys, two girls): André, Bart, Ewan, Jessica, Jim, Paige, Rob
- Four in pairs: Sam and Tamara (mixed pair), Luke and Homer (boys)
- A small group of three: Audrey, Imogen and Stephany
- A small group of four (actually they chose within this to work in pairs): Jodie and Ronaldinho; Hayley and Kevin. A practitioner was also present.

The majority of participants chose to meet at the service through which they had been recruited. In my informal discussions about the research, this appeared to be a very clear choice although this could be influenced by my already meeting them in this space. There were exceptions to this: two services did not have a specific space for young people and their work was often in family homes and other local

community spaces. Therefore, one interview took place at a community hall in the centre of town which none of the participants remembered visiting before. Another interview took place at the service offices in a shabby, rarely used, meeting room with close circuit television screens of the outside of the building in one corner of the room used for security purposes. One service had been recently flooded hence a different room was used in the building that was unfamiliar to participants. In all of these cases and often in a few minutes, I attempted to make the room look more comfortable in rearranging furniture in the room where possible. On the table or floor, I scattered different pens and felt tips on the table<sup>16</sup>, set out a selection of magazines with a 'chill out' sign and opened a labelled snack box (Hill, et al., 2009).

Using a flexible approach, the majority of interviews lasted between 30 minutes and one hour and twenty minutes, but there was significant diversity in how this time was used. On average, interviews were about an hour. As discussed in Section 3.3.3, the interviews involved a choice of the activities that had already been explored in the Good Ideas groups and the Film Crew: watching and reviewing Amy's Story; alcohol bottles; support stickers as well as 'just chat' and 'chill out'. One new activity introduced at the interview stage was 'Important stuff to know about you'. The purpose of this activity was to begin to build relationships and 'get to know' something about them as recommended by the girls in the Good Ideas groups. I asked them to choose a piece of coloured paper and a pen and write, draw, use stickers to share something about themselves (see Figure 6). Hayley did this very privately away from the group and took a while to start but then was keen to 'show me' what she had done. In comparison, Ewan wanted me to write and found it difficult to talk about himself; he appeared to enjoy choosing stickers. This provided an insight in how to engage with them to make them feel comfortable. Often I used this as an opportunity to explore age, family structure, where they lived, whether they were at school or not and they decided whether or not they would put this on the sheet. Given the choices and a flexible time frame to ensure they had sufficient time to share their knowledge and views, most participants chose two of the activities (see

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<sup>16</sup> These included 'novelty pens' e.g. with feathers or in the shape of a football that often began a discussion and were particularly useful for children who like to have something in their hands when they are nervous.

Appendix 2 for more details). The activities were used to stimulate discussion. Therefore, the topic areas could be covered using one activity (or less if they chose this). Therefore the choice of activity (for example, eight participants chose to do the alcohol activity, seven used the support stickers, three used cards on who they talked to and one made a poster) does not reflect what they actually spoke about in the interview. The most frequently chosen activity was watching Amy's story, a short dvd and completing a film review on it. This was completed by fifteen of the participants and all of those involved in group work. At the end of the interview, all

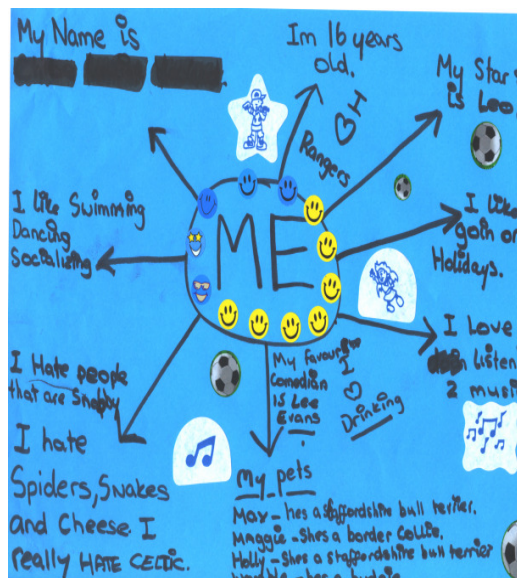


Figure 6: Hayley's ME diagram

participants were given a choice to meet me again if they wanted to discuss anything further or complete any activities. Rob, Ewan and Jessica all met me on a second occasion at the service. Bart, Jim and Sam initially wanted to meet again and then changed their minds (or in one case, had run away from home) and Paige wanted to but this was cancelled by the service (as she had not attended school that day and another date could not be found).

### 3.3.4 Respecting participants' contributions and support

Many researchers will consider how to recognise children and young people's (and gatekeepers) time and effort when involved in a research study (Alderson and Morrow, 2004; Barnardo's, 2005). Firstly, I hoped that providing choices to potential participants would fairly respect their own preferences; for example, I gave a choice of setting (although all chose to meet at the service through which I had recruited), flexibility of a day and time where possible, different activities, a 'favourite' snack and choices of a thank you activity or various high street gift vouchers. The group work was more restricted in choices due to the practicality of having a room space at a service and available staff to provide transport. Within these, we discussed what physical spaces to use in the service and had an option of going elsewhere. The

groups had a collective choice of a ‘thank you’ activity or voucher. We democratically voted on the activity with suggestions reflecting their local knowledge of the area e.g. ice-skating, bowling. However, all three groups decided to have an additional week at the service, either having a ‘pamper spa evening’ or doing some more filmmaking. For the individual and small group activities, I offered a ten pound gift voucher for a store of their choice. Some practitioners were concerned that some parents may appropriate the voucher for the household (and potentially spend it on alcohol); hence, I provided some suggestions of music stores, video games, clothes shops rather than supermarkets and discussed different options at the end of the interviews. All participants received a hand written thank you card from myself and a Research feedback leaflet or visit (when requested by groups).

Researchers have an ethical responsibility in ensuring that, as far as possible, participation in a research study is not a distressing or endangering experience for children and young people (Barnardo's, 2005; British Sociological Association, 2002; National Children's Bureau, 2003). In providing choices to opt in and out of research, I hoped that participants would not feel uncomfortable in the research process. The intentionally open interpretation of the research tools were similarly designed to not ‘force’ children to talk as advised by the Good Ideas groups. In discussing the study at the start and end of any engagement, I emphasised the availability of the service practitioner to discuss any concerns. I also carried ChildLine cards and a list of support telephone numbers that may be used (as used in other studies; see for example, Hallet, et al., 2003). As I discuss in Chapter 5, ethical codes and guidelines can be useful in anticipating likely scenarios, however, it is not possible to predict what may happen in the research context and researchers need to have a flexible and responsive approach to what may arise at all stage of a research study (Ansell and van Blerk, 2005).

### **3.4 Developing relationships**

#### ***3.4.1 Gatekeeper knowledge: Voluntary services***

Sensitive research commonly requires gatekeepers as an essential ‘bridge’ between the researcher and potential participant (Renzetti and Lee, 1993). As outlined in

Section 3.3.1, gate keeping services were pivotal to the recruitment of 30 children and young people. The development of trust and rapport with gatekeepers is frequently highlighted as essential for conducting research with children and even more so when the topic area is sensitive (Thomas and O'Kane, 1998). In a study of 'looked after' children's decision making, researchers identified that 'success depended on the cooperation of over 100 social workers...40 care placements and some families of origin' (Thomas and O'Kane, 1998:338). The authors reflect that their background previously working as social workers was a valuable enabler. My experience of working with children and young people in a paid and voluntary capacity increased my credibility and created some shared commonality with practitioners. The experience of visiting services to discuss the study, conducting family visits and arranging informal discussions with potential participants increased my knowledge of the day-to-day work of the service, familiarity of the research space and developed a relationship with individual workers. At the first stage of fieldwork, I became aware that there was a degree of observation by practitioners of my ability to communicate with parents and their children. As one practitioner reported in a team meeting after I had met some potential participants, 'they really took to her'. On a visit to the bowling alley, another practitioner was surprised that the two boys wanted to talk to me. All the visits to parents even some that practitioners reported 'might be difficult' were positive, with practitioners commenting 'that went really well' and 'much better than expected.' Therefore, I reflected that my experience and perhaps ease in talking to parents and children led to a further endorsement by practitioners and commitment to the study as a whole.

At an early stage of engagement with services it became apparent that services held different degrees of knowledge about alcohol in the family. A number of services struggled to identify potential participants. The explanations by service practitioners included: possessing greater knowledge about illegal class A drug use rather than alcohol in families; being uncertain about the current situation and whether or not the issue of alcohol use had been raised with the parents and/or the children, and a reflection that alcohol may not always be recorded in case files. Some practitioners suggested that the legality and wider acceptability of alcohol in comparison to drugs

actually made talking about alcohol with parents a greater challenge. It is likely that some children and young people were not invited to participate in the study due to services' incomplete knowledge or uncertainty about alcohol use in families. Furthermore, identification by a practitioner did not necessarily mean that participants had themselves spoken about parental alcohol use within the service. Therefore, my initial assumption that services held knowledge about parental alcohol use was challenged, thus creating a greater sense of uncertainty about the participants in the study.

There was significant variety in the extent of knowledge shared with myself in the research process. In a minority of cases extensive knowledge was shared by some services about parental alcohol use raising significant ethical issues. Some discussions were in regard to whether a family would fit the study criteria; for example, where a parent was primarily misusing drugs rather than alcohol. For one young person, there was a history of physical abuse towards the child and the practitioner felt I should know as he might choose to talk about it. Another child was possibly going to be removed from the family home due to neglect. After visiting families, some practitioners gave additional information on families for example, I was told about parental involvement in treatment programmes. I felt ethically compromised: on the one hand, although I did not invite or request personal information about the child or the family (with only a stated concern of any safety issues that I should be aware of if interviewing alone)<sup>17</sup>, the additional context was certainly of interest. On the other hand, I felt uneasy possessing this knowledge and concerned it could undermine the agency of participants in the research process (Heath, et al., 2007). This additional knowledge provided a greater insight into family life from a service practitioner's perspective, but it was not given by the choice of the participant themselves. I was genuinely unsure about the ethical implications of having this knowledge. This reflects the many ethical dilemmas experienced in gaining access to potential participants; developing trusting relationships with gatekeepers is encouraged to facilitate research with children yet this can lead to possessing knowledge about children without their explicit consent.

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<sup>17</sup> With regards to if the child chose to be interviewed in the family home, although at their request this did not happen.



### ***3.4.2 Gaining knowledge from parents***

Another source of prior knowledge came from visiting nine family homes, a school and a young person's residential centre. The purpose of the visits to the family homes was to explain the research study to potential participants or/and parents and carers. The visit to the school and residential centre was to explain the study to potential participants. Meeting parents was not requested or appropriate for all participants (see Section 3.2.4 for a detailed discussion). During these visits I often gained considerable unrequested information about the family from the parent themselves and sometimes the service practitioner. I felt that meeting me was important to some of them and many started to talk to me about personal aspects of their lives: three mums spoke about their own use of alcohol unprompted in our discussions; a dad spoke about his wife's alcohol use, a mum about her ex-partner and grandparents about their daughter's alcohol use.

For some parents and carers, the visit provided an opportunity to talk to the practitioner about recent events, concerns or requests for support. One mum asked if the practitioner could help in buying or loaning a cycle helmet to her daughter as she had a cycling proficiency test at school. My presence for some of these conversations seemed incidental perhaps reflecting parents' own priorities. For example, one mother spoke about police involvement to stop her estranged partner from sending abusive texts to their daughter. Another mother asked to borrow the practitioner's mobile phone to phone the police station to ask for the return of a confiscated motor bike. Some of these discussions were very personal and I would have preferred not to be present, yet I was concerned that leaving the room on these occasions would be interpreted as rude. However, on some occasions the parent was addressing me rather than the practitioner. For example, one mother spoke to me about alleged sexual abuse as a reason why a child could not see his father. These exchanges increased my understanding of the relationships between individual service practitioners and parents or carers.

The physical visit to a family home or young person's centre gave me another insight into their lives. I recognise that the perception of a home is highly subjective but as

Audrey told me a later interview that to understand her experience of living with her mother's alcohol use, 'they should go somewhere and see what happens around it and experience what it feels like.' In the majority of homes, I was made to feel welcome and offered a seat and in some cases, a cup of tea. In an interview, nine year old André asked me what I remembered about visiting his home and I mentioned that there had been a lovely smell from the candles and he explained that his mum only does this on a 'special day'. I have worked in a paid capacity and as a volunteer with many families living in poverty but I was aware that two of the homes appeared incredibly materially poor almost to a state of disrepair. In contrast, I was proudly shown a newly decorated kitchen on one visit. Direct observation of alcohol use by parents was seen on one visit with a mother drinking from a can of cider throughout. On one visit, I spoke to father briefly in the hallway and could see other adults in the lounge drinking. He felt it was better to talk to his son the following day somewhere else. It appeared that a few parents had been drinking prior to my visit. Therefore, on many levels the opportunity to meet parents and see where participants lived gave me a richer understanding of participants' lives.

### ***3.4.3 Engaging with participants***

Researchers reflecting on conducting research with (potentially) 'hard to reach' children and young people recommend an informal meeting prior to interviews and/or focus groups (Curtis, et al., 2004). These meetings were a valuable opportunity to establish some rapport and discuss the different ways in which children and young people would like to participate in the study. In recognising children's different preferences for engagement, researchers need where possible to provide choices (Coad and Lewis, 2004; Hill, 2006). I wanted to offer a range of options to participate in the study: as part of a group programme or individually, in a pair or small group of their choice. However, in reality providing these choices became much more complex (see Section 3.3.1). The advantage of these informal meetings was the personal interaction creating an opportunity to start to get know each other. The majority of participants appeared nervous and uncertain when meeting me and I was keen to put participants at ease, for example in laughing at my picture on the information leaflet. I often asked for their help, for example where would be a good place to chat in the service or where the kitchen was so we could

get a drink. I felt the initial meeting was an opportunity to give an insight to my character and a sense of what they could expect if they decided to participate in the study. The set up of the informal meeting often predicted how they chose to engage: seven individually, in pairs and small groups. The importance of providing choices became apparent when I met with four young people who had been brought together by the service to discuss the research and it was clearly evident that they wanted to talk in pairs rather than as a group of four. The discussions mainly focused on the practicalities of the study rather than the topic area; for example, what days suited them for meeting and choosing their favourite snack. This often led to animated discussions about their preferences. It also gave me an insight into their lives: Rob could not meet me the following week as he was going on holiday with his family; Bart could meet me any day 'as I don't do nothing anymore'; Tamara could see me in the day as she was excluded from school.

With an exception of one rural service, participants were asked where they would like to meet me and opted for the voluntary service or in the absence of a service space, a communal community space although initial discussions about the study took place at the family home, a secondary school, a young person's residential centre and a swimming baths café. The decision to talk at the service rather than at home may be because they wanted somewhere private to talk (issues about noise and being disturbed were mentioned). There may have been additional benefits for participants in this stated choice: positive view of the service space, more interaction with a specific practitioner (especially through car lifts to the service to meet me), the possibility of meeting up with friends at the service and as Christina explained 'it gets me out of the house' (see Figure 5). Very few participants asked me further questions about the study in regards to the topic and it appeared that talking about the practicalities of the research was an important part of building rapport.

#### ***3.4.4 Myself as a researcher***

There are many aspects to the prior knowledge held by a researcher before commencing fieldwork. I will briefly consider the research literature, my experience of research with children and a personal understanding. I think it is worth considering how these three elements influenced my expectation of how children and

young people would communicate with me about parental alcohol use. Firstly, familiarisation with the research literature begins to shape the research field. The literature commonly reiterates that many children and young people living in families experiencing alcohol or drug problems are part of 'a family secret' where 'talking outside of the family' may lead to the unwanted intervention of child welfare services and possible removal of children (Bancroft, et al., 2004; Barnard and Barlow, 2003; Gorin, 2004; Klee, et al., 2002; Kroll and Taylor, 2003; Laybourn, et al., 1996; Templeton, et al., 2006). Therefore, I anticipated challenges in accessing children and young people and expected that directly talking about parental alcohol use would be difficult. Similarly to Thomas and O'Kane's (1998:342) study, I developed 'a varied repertoire of verbal and non verbal techniques, in order to be able to adapt to the needs and preferences of individuals'. Accessing participants through voluntary support services may mean that they had spoken about alcohol in their family but this was not presumed given the variety of service provision, extent of participants' engagement and individual preference.

I had confidence in my skills in conducting research with children and young people on a sensitive topic through my previous research experience with Barnardo's. A study exploring children and young people's perspectives on participating in survey research identified six reasons influencing participation: the salience of the topic; the perceived value of the research and potential personal benefits; the belief of confidentiality; not being pressured to take part; feeling confident in themselves and feeling comfortable with the interviewer (Reeves, et al., 2007). I felt potential participants were not necessarily deciding on whether or not to talk to a researcher in some generic sense, but whether or not to talk to me, Louise, in a presented role as a researcher. For the last eight years, I have been involved in working with children and young people as a youth worker, children's rights worker, volunteer befriender and researcher with Barnardo's. In these roles I have developed the skills of listening to and supporting children and young people, particularly at times of difficulty. Lee's (1993:136) assertion that researchers 'tended to study groups for whom they have some liking or sympathy' is clearly evident. As suggested above, 'feeling comfortable' is a two way process and I felt that this aspect of my identity, an ability

to develop rapport quickly with children and young people, was one of the most important from my perspective in defining the research relationship. Therefore, I was hopeful and intrigued about the ways in which participants might start to talk to me about their own family lives.

The interaction between research participants and researchers is fundamental in understanding the data collected (Hill, 2006:70). There are many aspects of my identity that may have played a role in the interaction: being female, in my twenties, a student, English, having a chatty personality. I enjoy spending time with children and young people. The Good Ideas groups were the most vocal and inquisitive about my identity; for example, I was asked where I lived, where I was born and whether or not I was in a relationship (amidst much giggling). These questions often led to conversations where I shared some personal details about myself. My distinctive laugh was commented on and copied, on occasion, as was my Northern English accent. Christina told me at the end of one Good Ideas group, 'you are happy all the time and you give off good vibes'; I asked her why she had made this comment, she explained 'it makes you easier to talk to'. I felt that this aspect of my identity, the way that I relate to children and young people, was the most important from my perspective in defining the research relationship.

One of the advantages of my previous work as a researcher for Barnardo's meant that I had built many 'bridges' with Barnardo's services as well as other voluntary organisations over a two year period. I did not underestimate this trusting relationship and the opportunity it gave me. My experience in working in the voluntary sector as a children's rights practitioner, researcher, youth practitioner and volunteer befriender provided professional contacts and knowledge of this sector. Undoubtedly, this experience has influenced the choices I have made and appeared to open many doors. Many studies have shown that developing trusting relationships with gatekeepers has been essential to accessing participants especially due to the additional effort required from gatekeepers to do so (Goode, 2000). There was a significant value of having a dual role: as an 'insider' through my previous employment in Barnardo's Research and policy team and as an 'outsider' in not

working at a specific service and recently moving to a university (Alderson and Morrow, 2004).

Finally, my own family experience of alcohol problems helped me to have an ‘appreciative understanding’ of the research area (Lee, 1993:136). These experiences provided a different perspective and perhaps increased some insights; however, I do not think this leads me to ‘understand’ other peoples’ experiences to a greater extent. I did not share this aspect of my identity with participants or gatekeepers. However, I recognised throughout the research process that some of my reactions and subsequent analysis related to my experiences (discussed in Chapter 5; for a detailed exploration see Section 5.4). Therefore, I had a variety of expectations and assumptions about the ways in which I understood children and young people’s experiences of parental alcohol use and the ways in which they might communicate with me.

### **3.5 Analysis and dissemination**

#### ***3.5.1 Respecting and protecting data***

When participating in a research study, anonymity is a central principle. At the first stage of the fieldwork, I had the opportunity to explore participants’ understanding of anonymity in the Good Ideas groups. They shared a concern about ‘real names’ being used; as Alesha explained, ‘I don’t want my name in a book!’ This may indicate the sensitivity around the topic area of alcohol problems and common finding that the children were very careful in whom they would shared details of their private family life (Laybourn, et al., 1996). In my study, the principle of anonymity appeared to be a factor in deciding to participate in the study. Twenty seven participants were asked if they would like to choose their own pseudonym and were given a decorated envelope with a piece of paper inside to write (or they could whisper to me, for me to write) two or three names that they would like to be known as in the study. I asked for more than one as I realised that could choose a name of another participant in the study and to underline their favourite chosen name. To avoid confusion I suggested that they chose a name of the same gender when very occasionally this was necessary. Initially I used the phrase, ‘secret name’; however, one of the practitioners felt this was inappropriate as she explained that they worked

hard to encourage the children ‘not to have secrets’ (see Chapter 4 and 8, for a fuller discussion). Thereafter, I no longer used the word ‘secret’ in explaining anonymity. The principle of anonymity may have been understood but there were occasions where the principle and the reality differed; for example, at the end of an interview, Paige excitedly told her volunteer befriender<sup>18</sup> her chosen name. In the Good Ideas groups, some participants discussed their preferences for different names but did not share their final decision that they placed in their envelope with other participants (to the extent of my knowledge). Three boys did not choose their own pseudonyms: Two boys involved in the Film Crew group did not attend the last group meetings and one boy only suggested one name and unfortunately this was the name of another young person in the study.

In accordance with the Data Protection Act 1998, I stored all of my data carefully in a locked drawer and in password encrypted computer files. Some of the girls in one of the Good ideas group were concerned about the safety of the data asking me ‘what happens if it is nicked?’ I tried to ensure I had reasonable precautions for protecting the data in this event; for example, I would not leave my rucksack unattended. I used their chosen pseudonyms (and my own pseudonyms prior to their choice if necessary) and did not include any addresses or telephone numbers. I also anonymised the names of services and locations in electronic records (although I recognise that electronic communications could be identifying). Following the completion of the study, I will erase all audio/visual recordings and transcripts.

In the information leaflets and verbally I emphasised that participants could choose whether or not they wanted their voices to be recorded. I also explained that I could delete anything that was said if they later changed their minds (see Section 5.4.2. for an example of this happening). On the advice of a young person in a previous research study (see Hill, et al., 2005), my digital recorder is covered in stickers to avoid being a reminder of any recorded child protection proceedings or police involvement. I explained the reasons why researchers used audio recorders but gave

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<sup>18</sup>In discussion with Paige and her volunteer befriender at the service, a meeting had been arranged on the same day with her befriender providing transport to the service (but explicitly not to replace the social time Paige would have with her befriender).

another option of taking notes if they preferred. One girl in one of the Good Ideas groups did not want her voice to be recorded; hence I did not use the recorder in this group. In subsequent weeks, the girl did change her mind and wanted to be recorded as did the other members of the group. André, Ewan and Rob chose not to be recorded and for their interviews I took notes. One of the values of using activities was the flexibility to take notes as part of the activity; for example, I wrote on coloured pieces of paper used in the activities (e.g. the outline of a bottle) with a felt tip pen of their choice. Following all interactions with participants, but especially in instances where participants chose not to be recorded, I spoke at length into the recorder when the interview had finished providing a chronological record as well as my reflections on the interaction, emergent analytical thoughts and my feelings. Whilst I respected the choice of a participant to not be recorded, this did have consequences for the possibilities in how I could analyse the data.

### ***3.5.2 Analysing a ‘messy’ dataset***

Data analysis is a ‘continuous iterative enterprise’ integral to all stages of the research study (Miles and Huberman, 1994:12). This is particularly pertinent in a study that has evolved and been influenced by prior stages. Hence, analysing data has been a process that has built, developed and refined throughout the research study, rather than commenced when all data had been collected. However, this process is largely documented in fieldwork notes; as asides and thoughts, sometimes unconsciously in developing an analytical framework. The physical dataset that I have worked with contained extensive field notes, transcripts of group interactions and interviews, audio recordings, visual images, including drawings and film. Therefore, I had a large messy dataset covering all stages of the research process over a three year period. The task of analysing qualitative data cannot be underestimated: ‘the construction of explanations needs to be done with rigour, with care and with a great deal of intellectual and strategic thinking’ (Mason, 1996:162). There are strong ethical reasons to ensure explanations of the data are as robust as possible; the researcher has a responsibility to her participants, supporting organisations and herself. The task of analysing many sources of data, compounded by ethical concerns arising from the interpretation of sensitive data, resulted in an intellectually and ethically challenging period of analysis.



Using an inductive approach, I decided to use a thematic analysis to explore emergent themes from the data. One of the advantages of a thematic analysis is the ongoing and emergent nature in identifying themes throughout the fieldwork. In contrast, complete datasets are often required for narrative or discourse analysis; furthermore, this would not be suitable given the potential bias as some children chose not to be audio recorded. Although I used a range of research tools, primary analysis focused on the spoken or written words of participants; for example, even when a picture was drawn as part of an activity, a discussion would frequently take place with the child about the picture. As Veale (2005:265) similarly found, ‘children gave their interpretation of their drawings that provided the data for interpretation – words about pictures’. Thus, from the early stages, themes were identified in my fieldwork notes and reflections. In transcribing all audio and film recordings verbatim, I became immersed in the data. I also transcribed my own audio recordings of fieldwork experiences and analytical reflections following any contact with participants, families and services that I included in the dataset. From these, I undertook multiple readings and viewings of data. As Robson (2002:487) argues ‘there is no substitute for knowing your data well and thinking about it and what it might be telling you’. As a researcher who appreciates visual representations, I developed extensive ‘mind maps’ of concepts that emerged from these multiple readings. Robson (2002:488) advocates for the use of visual representations to ‘make sense of data’, leading to the ‘crystallization’ of analytical concepts. At later stages, I revised these ‘mind maps’ to develop and clarify my analytical conclusions.

Qualitative researchers increasingly organise their data using various qualitative data analysis computer software packages (for example, ATLAS, Ethnograph, NUD\*IST, NVivo). At this stage, I decided to use a qualitative data analysis computer software package, NVivo 8 to facilitate a systematic approach to develop and build a coding framework. This programme is a theory building model (Fielding, 2002). One of the advantages with this programme was the inclusion of visual and audio data, as well as text documents, which could also be coded. Given the amount of data, NVivo 8 was used as a systematic, efficient electronic organising tool; however, as Dey

(1993:55) highlights, 'a computer can help us to analyse our data, but it cannot analyse our data'. Mason (1996:107) describes three stages of data analysis: 'sorting, organizing and indexing'. She advises that often the 'sorting' is viewed as a practical administrative task but in reality the way we 'read data', through the systems we create, is not 'analytically neutral' (Mason, 1996:108). The indexing of data (or coding or categorizing) needs to be applied systematically to all data to allow for cross referencing to occur yet the generation of these categories has 'no single or simple answer' as in part they will arise from the data itself (Dey, 1993:97). There are common characteristics that move the analytical process forward including use of codes from field notes/interviews; sorting data to identify patterns and themes; isolating patterns and processes leading to developing 'a small set of generalizations that cover the consistencies discerned in the database' to 'confronting those generalizations with a formalized body of knowledge in the form of constructs or theories' (Miles and Huberman, 1994:9). Therefore, there is a process of splitting up the data under categories to 'put data back together in a new way' that can increase the understanding of the social phenomena being explored (Blaikie, 2000:239).

Although NVivo 8 was a helpful tool for organising large amounts of data, I was concerned that the coding process restricted my viewing of the data. I encountered difficulties in coding the research *process* rather than the findings relating to the topic of parental alcohol problems. For example, it was simple to code children's stated views on alcohol, but more problematic to code the emergent finding of 'trust' developed in the research process (given there was rarely one bounded example that could be coded without reference). In another example, attempting to code the silences and hesitations of children in the research process was limited; yet, as I go onto discuss in Chapter 4 and return to in Chapter 8, children's silences revealed important insights into choosing to share aspects of their lives and a greater understanding of areas that were more difficult to talk about. The use of these programmes does have an influence on the process of analysis in determining a structuring framework (Robson, 2002). I felt this organization of data did not accurately reflect the experienced complexity of fieldwork and interrelation between method and findings. Therefore, this systematic process of coding and reorganising

of data highlighted the fundamental significance of relationships and context that were at risk of being overlooked when structuring my data in this format. Hence, rather subversively this process enabled me to think about my data in new ways and move towards a more embedded and interconnected analytical approach.

The work of Mauthner and Doucet (2003:414) poignantly highlighted the challenges of analysing qualitative data when ‘most methods continue to be presented as a series of neutral, mechanical and decontextualized procedures that are applied to the data and that take place in a social vacuum’. Their critique of data analysis that leads to the analyst being constructed as an invisible entity strongly resonated with my experience. As I discuss in Chapter 5, I began to recognise and acknowledge the role of emotion, the ‘felt sense’, that is inherent in the process of analysing qualitative data (Bondi 2005:444). The recognition of emotional responses as part of the analytical process are central when taking a reflexive approach (Mauthner and Doucet, 2003:419). Therefore, rather than omitting myself, I attempted to reflexively share my interpretation of data that had been co-constructed in the research process.

There has been recognition of children and young people’s active role in all stages of the research process, including data analysis (see for example, Ennew, et al., 2009; Kirby, 1999). McLaughlin (2006:1408) argues that more critical debates of the benefits and costs of involving young service users in research are required otherwise ‘this whole area of research will slip into disrepute’. There are various ethical considerations that would limit potential involvement in this study. Firstly, there is a question of ownership; the involvement of participants in all stages of the research study would ethically justify acknowledgement, if not shared authorship. The production of an academic thesis is by necessity an individual endeavour. Furthermore, any acknowledgement would jeopardise the anonymity of participation. Secondly, the topic was sensitive and participation was carefully negotiated with gatekeepers. As I reflect in Chapter 5, the process of analysis was emotionally challenging for myself as a trained researcher and the involvement of children who may have shared similar experiences may have been distressing. Therefore, the

involvement of participants in data analysis for this study was considered to be inappropriate.

Finally, I found that my analytical skills were refined and honed through the process of writing in the broader context of theoretical and empirical works. My previous research experience involved working as part of a wider team; as an individual researcher analysing a complex and highly sensitive dataset, I was particularly aware of the personal responsibility involved in representing children and young people's experiences in the study. As Miles and Huberman (1994:2) state in analysing qualitative data, 'the problem of confidence in findings has not gone away'. Therefore, often perhaps rarely acknowledged, discussions and debates with university supervisors and fellow researchers developed and refined my analysis. Multiple rewritings of thematic chapters, followed by scrutiny to justify my analytical interpretations, ensured I followed Mason's (1996:150) advice: 'you are never taking it as self evident that a particular interpretation can be made of your data but instead that you are continually and assiduously charting and justifying your steps through which your interpretations are made'. Influenced by the work of Mauthner and Doucet (2003), I understand these interpretations are necessarily contextualised in a specific space and time.

### ***3.5.3 Dissemination***

Although social researchers are often highly committed in principle to the dissemination of research findings, in reality dissemination is often restricted through limited timescales and funding opportunities (Barnardo's, 2000; Davies and Nutley, 2002; Richardson, et al., 1990). I was keen that I disseminated findings (with understandable caveats) throughout my study rather than simply at the end. As the initial participants were involved in early 2007 and the proposed end date for the study was 2010 this long timescale was viewed unrealistic as it was likely that participants had significantly moved on in their own lives to still have an interest in the study findings. At the early stages, I discussed with the Good Ideas groups the ways in which researchers could share their findings and their perceptions of this. In both groups, there was an invitation for me to personally return to discuss what I had learnt. This provided a very valuable opportunity to explore and clarify the key

findings; however, I agree with Bloor's (1997:47) critique, 'a member validation exercise is not a scientific test but a social event'. Hence, subsequent engagement with participants is another form of data collection, rather than a validation of findings. A research findings leaflet was produced for the Film Crew (see Appendix 7) and the final interview stage (see Appendix 8). For the Film Crew and interviews, I principally relied on the service practitioners to distribute the findings leaflets to individuals (sent in envelopes with their names on). The advantages of this method was the often positive relationship between the participant and the practitioner, the potential for support in reading the findings leaflet, practical knowledge of the whereabouts of participants (due to often frequent changes in living arrangements) and the provision of support if the findings leaflet raised any concerns for them. As one voluntary service had subsequently closed, I considered sending the leaflet through the post to the three participants affected. This required careful consideration; for example, Valentine, Butler and Skelton (2001:123) chose not to send research findings to the homes of lesbian and gay young people 'to avoid unwittingly breaching their confidentiality' in a household that may not be aware of their sexuality. My ethical concerns centred on the uncertainty of their current living situation and the possibility that receiving the findings leaflet could be a cause of concern or distress for themselves (or others). Fortunately, the service manager who facilitated access to the three young people had been redeployed in the organisation and could provide information. In one case, she kindly offered to take a copy of the information leaflet to the house of the young person, thus providing an opportunity to discuss any concerns from herself or her Mum. In sharing this example, I hope to illustrate the ethical dilemmas present at all stages of the study, including dissemination.

### **3.6 Conclusion**

This chapter has provided an overview of the methodological approach in engaging with children and young people affected by parental alcohol problems. I hope that sharing the insights of participants in this chapter enriches our understanding of the research process. I began the chapter by stating that this is the beginning of a story. In Chapters 4 to 7, I explore empirical findings that reveal the complexity and

anomalies of research relationships as experienced in the co-construction of knowledge. In Chapter 8, I return to many of the themes developed in this chapter to critically explore the implications of findings on theoretical understanding; the implications for developing our methodological approaches and the potential consequences for policy and practice.

## CHAPTER 4

### CHOOSING TO SHARE: CHILDREN AND YOUNG PEOPLE'S KNOWLEDGE ABOUT ALCOHOL IN THE FAMILY

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*'I don't like talking about: my Mum. Not to Elaine (social worker).  
What I think about my mum is private.'*

Extract from *The Story of Tracy Beaker* (Wilson, 1991:21)

#### 4.1 Introduction

A recent international review found, 'young children in the UK know a great deal about alcohol, drinking behaviours and the appropriate social contexts for the use of alcohol' (Velleman, 2009:13). Many studies show children begin to develop a concept of alcohol from early childhood with an understanding of the consequences of alcohol consumption by the age of six years old (Casswell, et al., 1988; Jahoda and Cramond, 1972; Jahoda, et al., 1980). In one of the earliest Scottish studies with primary aged children, Jahoda and Cramond (1972:32) found 'children based their responses mainly from direct experience within their own families' and children who lived in families where parents were heavy drinkers had much higher levels of knowledge than other children. Children's knowledge about alcohol is affected by early childhood experiences of parental alcohol use although the question of 'how' they know is more complex (Velleman, 2009). Thus, this chapter takes an already established starting point that participants 'know' about alcohol.

Exploring how, why and when children and young people would talk about parents' alcohol use and the impact this may have on their lives was a central research question. Although commonly reported in social work literature that it is often difficult for children to talk about parental alcohol and/or drug use (Kroll and Taylor, 2003), a more detailed analysis of the circumstances in which children choose to talk is limited. Notable exceptions to this include analysis of using a life grid to talk to young adults about parental drug and alcohol use (Wilson, et al., 2007). Therefore, the aim of this chapter is to contribute to the broader literature by exploring participants' own nuanced ways of choosing to communicate about parental alcohol use.

This chapter is divided into three sections: In the first section, I analyse how a minority of children and young people spoke directly about their parents' use of alcohol and discuss the frequent use of the past tense. Talking about parents' use of alcohol in the present tense was much rarer and often implied an implicit rather than explicit understanding. In the second section, I reflect on the five different strategies used by participants to share knowledge about parental alcohol use indirectly. This created conversations that could be highly personal without being individually personalised. Finally, I attempt to glean an understanding from participants' silences in being physically removed, stating their intention to be silent and explore their strategies of remaining silent about certain areas of their lives.

## **4.2 Talking directly about parental alcohol use**

One third of participants spoke directly about their own parents' alcohol use to different extents and in a variety of ways. This is particularly interesting because it reflects participants' own agendas in choosing to share this information spontaneously. Various themes emerged as strategies used by participants to talk about their own parents' alcohol use. In the first instance, participants described parental alcohol use as historical, demonstrating an optimism that parental drinking behaviour had changed. Another strategy was to talk about parents' current engagement in treatment services. Finally, some participants used story telling devices to tell me about changes in their own lives and in particular their living arrangements. These direct associations were often used in combination with indirect communication, for example, use of the third person. Therefore, no participant spoke solely in the first person about the impact of parental alcohol use instead they interwove their narratives moving between multiple standpoints. Overt statements were most common in individual interviews rather than group settings where there often appeared to be a more collective expression about alcohol in the family (discussed in Section 4.3.4). My reaction to the sharing of this information was often a sense of validation that parental alcohol use was in some sense problematic. This reflects my concern at times that this may not have been the case. Therefore,



although I felt there was caution in sharing this knowledge, I found these glimpses hugely insightful to contextualise further discussions and comments.

#### ***4.2.1 All in the past ... perhaps***

Communicating with children who are currently experiencing problematic parental alcohol use has been raised as a specific challenge by social work practitioners with a perception that when the experience is in the past, it is more likely to be shared (Kroll and Taylor, 2003:230). Alesha, Bart, Homer, Jessica, Jim, Jodie, Paige, Rob, Ronaldinho and Taz all shared information specifically about parents' attempts at changing their alcohol use. In talking directly about their parents, most participants were keen to emphasise that parental alcohol use was historical; for example, Homer told me 'my mum use to have an alcohol problem' and Rob explained that 'my ma's stopped now. She's on antibrox tablets...she cannae drink at all'. Jim and Paige described their parents historically as 'alcoholics' with Paige adding, 'my mum was an alcoholic, she's not really an alcoholic now'. Participants who perceived parental alcohol use as historical often gave the greatest detail about parental alcohol use and the impact on their lives. Jim provided one of the most detailed narratives of his mum's historical alcohol use,

'Nah like my mum she was obviously an alcoholic obviously right. She would sit there with her can. In the morning, she'd wake up and have a can. She'd just sit and to keep the shakes free she'd just keep sipping it and that eh. She wouldn't be pure, sitting pure getting reeking in the morning that and carry on through the day. She'd be sober til about three-ish but she'd just keep sipping her can eh. She'd always have her can.'

This narrative suggests Jim's view of his mum's alcohol use as well as clear knowledge of her drinking patterns and the partial reasons for her drinking, 'to keep the shakes free'. He later explains that 'she just decided to stop drinking' as a result of willpower with a later suggestion that another substance is used instead. These comments were shared at different stages of the research engagement to no discernable pattern i.e. they were not linked to a particular research activity. I felt that in these cases, participants wanted to 'tell me' about parental alcohol use and made a very active choice to do this on their own terms.

For many, the construction of the ‘historical’ parental alcohol use may be more complex. Further discussions and comments often suggested that parental alcohol consumption had decreased rather than stopped. Paige explains that in the past her mum drank two bottles of vodka a day and minimises mum’s current drinking,

‘...she’s has cut down to one bottle a day and it’s not even a bottle a day it’s half a bottle maybe not even that, a couple of glasses out of it which is really, really good.’

Paige’s optimism here is tangible as she continues to reduce the amount her mum is drinking. Therefore, the language used often appeared to convey a strong loyalty to parents and was often moderated to differentiate from the historical situation to a more positive current situation. In response to watching the short film Amy’s story, Bart talks about his mum’s alcohol use,

‘My mum was a wee bit on the alcohol but erm she did really well better but she was never waiting, she never waited for me to get myself up, get dressed. She will always get up.’

Bart’s loyalty and empathy for his mum was evident throughout the interview and his use of language, ‘a wee bit’ may be another form of protecting his mum and an attempt to minimise the impact of alcohol on their lives. His negative view of Amy’s mum in the story ‘not getting up’ is used to highlight the positive characteristics of his own mum, as ‘she always gets up.’ Similarly, Kroll and Taylor (2003:230) reported practitioners’ ‘amazement and respect for children’s support and loyalty, at least on the face of it, despite the problems experienced by the children themselves’. I question whether the past tense is a conscious strategy used by some participants to create a sense of distance thus becoming an effective mechanism for sharing experiences. This device may be seen as a protective strategy for themselves and their parents. Yet, as discussed, participants often recognised that changes in parental drinking behaviour could be temporary. Many participants shared a view of wanting parents to ‘stop drinking’. Jessica and Claire designed bottles to reflect their ideas of an alcohol free wine and ‘alcohol reducer’. There was often a sense of optimism, a hope that parents would either reduce their drinking or stop altogether. Therefore, constructing alcohol use in the past tense may also reflect the desire that parental alcohol use is in the past.

#### ***4.2.2 Views on treatment for parents***

Another particular form of discussion came from participants' views about treatment services for parents. The majority of studies that include children's experiences of parental alcohol use are recruited from family treatment programmes (Velleman, et al., 2003; Zohhadi, et al., 2006). Unless parents told me during the visit to the family home, I did not know whether or not parents were involved in any treatment programmes or had recently stopped drinking alcohol. Service practitioners had identified families for whom drinking alcohol was considered to be a current issue; in many cases, the practitioner was working with the participant and not necessarily with the wider family (i.e. running a Young Carers' group). The knowledge of parents' behaviour appeared to come from their experience; Rob described visiting the hospital in emergency situations 'countless times' due to his stepdad's drinking. One mum had a community psychiatric nurse following hospitalisation and another was in a residential treatment centre at some stages of the fieldwork. Alesha and Rob named a specific medication that a parent was taking and shared a concern of very serious consequences of drinking alcohol whilst medicated; 'he will die': Alesha told me in the Good ideas group. Bart describes his mum sitting in bed with a bottle of lemonade and just drinking this in an attempt to stop drinking alcohol. Although most of these examples were shared orally, Ronaldinho used the 'bottle activity' to write down the name of a specific treatment centre which his mum attended (see Appendix 6). The accounts shared were most commonly medicalised with a focus on prescribed medication and hospitalisation. There was no discussion at this direct stage of parents accessing support groups (such as Alcoholics Anonymous). Furthermore, there was no shared view of a family model of treatment; instead it appeared that parents' treatment did not involve other people in the family. One exception was the use of the same service by parents and children but accessing different physical parts of the building for different activities.

Some participants were knowledgeable about their parents' attempts to either stop or reduce their alcohol consumption. Bart gave an insight to the patterns that some families may experience,

‘..aye it was earlier this year. Really early in the year she stopped so this is the longest she’s been off it so I think this is long term.’

In this narrative, there appeared to be an agenda to convince me as well as themselves; Bart’s hope that his mum will stop drinking ‘long term’ was shared with a passionate defiance, almost suggesting that if he wanted it enough, it would happen. For others, it appeared that the optimism for change does not always last. In Christensen’s (1997) Danish study, children around the age of ten stopped thinking a parent’s drinking would change. In the Good Ideas group, Alesha shared her frustration at her dad’s experience of alcohol counselling explaining, ‘it doesn’t work and he just drinks again’. Alesha felt very strongly that visiting a counsellor did not change her dad’s behaviour and she felt angry about this. As I will discuss later, many participants shared strong views about treatment using the third person or talking without a direct association to their own parents.

#### ***4.2.3 Sharing personal stories***

The use of storytelling was used in individual interviews and group settings as a way to talk about parental alcohol use. Often these stories provided a rich insight into aspects of participants’ lives. At the start of the interview, Paige decided to tell me about her dog, Star, and how he would visit and wait at the old flat where she lived after she had moved to her dad’s house in England. Her sister would write to her and always add paw prints at the end of the letter from Star. In the telling of this story, Paige explained her mum was an alcoholic and this is why she had to move away. Through Paige’s spontaneous storytelling, she revealed aspects of her relationship with her mum, sister, grandparents, dad and dog. This also allowed me to talk about Star to sensitively explore and understand Paige’s experience of living with different family members. In a small number of individual interviews, participants shared anecdotes about their own parent’s alcohol use and the circumstances around this. In the extract below, Jim gives an account of a house party:

Jim	They’d be house parties at my house every single day
Louise	Was there?
Jim	But I wouldnae. I dinnae like my mum drinking. I dinnae like my mum drinking cos she was screaming and shouting at me but they were the best days of my life. Do you ken the cha-cha-slide [dance]?

Louise	Yeah
Jim	See the minute that came out we were all sitting in my living room two big sofas and there were about 30 of us all in the living room and all doing it [Jim gets up and shows me the dance]. It was like this!

Jim gives a vivid insight into his experience and candidly shares the emotional complexity of living with mum's alcohol use with high points and low points. Jim was a highly likeable character who was very humorous throughout the interview. His decision to share this anecdote of the party may be an expression of his own character and his relationship with his mum. It appeared that 'the best times of my life' for Jim had a high personal cost. Bart also shared an account of his Mum's withdrawal from alcohol and subsequent collapse requiring an ambulance to be called. These highly personal accounts were all shared in individual interviews. Although it would be difficult to generalise, participants who directly disclosed parental alcohol use were those with higher levels of rapport with myself. There was often humour in these interactions and engagement with the research activities. Although this was often apparent in the groups, anecdotes were often less personalised and more collective conversations.

Direct statements were occasionally used as a form of explanation for their current or historical living circumstances. As a warm up activity, most participants undertook a short activity, 'Important stuff to know about me', which involved writing or drawing things they wanted to tell me about themselves. I had expected to find out the current living arrangements anticipating the flexibility between parents, grandparents and wider family in a close location (Aldgate and McIntosh, 2006). Yet some participants shared their multiple living arrangements throughout their childhoods indicating directly or indirectly that parental alcohol use was a partial reason for these moves. Paige was chatting at the start of the interview about living in England and explained the reason for the move, 'cos my mum was an alcoholic'. In asking Jessica if she had always lived with Gran and Granddad she responds,

'I use to live with my mum but she got a bit ill so we moved into gran's house then she got better (sighs) so we moved back down and then she got a bit ill again and then she got better but so we are still waiting for arrangements for us to go back down. That was a big breath! Phew.'

Only later in the interview does she explained this illness as ‘mum on the drink again’. Some participants shared that moving between separated birth parents was specifically due to parents’ escalated drinking, withdrawal from alcohol or accessing residential treatment services. This was often constructed as an illness, like Jessica suggests, and a parent needs time to ‘get well’ again before they can return. Others spoke about different moves relating to their own behaviour, for example Paige explained ‘then I lived with my Gran but she couldn’t cope cos I was quite cheeky’. She associates some, but as we can see not all of the moves with her mum’s alcohol use. In one of the most direct statements, she talks about seeing a psychiatrist and tells me ‘I lost my childhood cos ma ma was on the drink’. The context of Paige sharing this is suggestive that this is what she, and perhaps others, have been told.

### **4.3 Talking indirectly about parental alcohol use**

For the majority of participants there was no direct discussion about alcohol in their own family rather it was implied, insinuated and alluded to. In McKeganey and Barnard’s (2007:146) Scottish study with children whose parents are current or historical heroin users, they reflect on participants’ communication towards themselves, ‘this is a world then more glimpsed than forensically examined’. In this section, I outline the five strategic ways participants’ revealed knowledge about the impact of alcohol on the family: ‘knowing’ about alcohol; using the third person; using a hypothetical scenario; talking about a collective experience; and finally, talking about their own lives with an implied, rather than stated, impact of parents’ alcohol use. It may be that some participants felt that a direct disclosure of parental alcohol use was unnecessary, given their recruitment via services explicitly focused on supporting children affected by parental alcohol use (in some cases); thus, a perception that I would interpret their comments as reflecting a personal experience.

#### ***4.3.1 ‘Knowing’ about alcohol: Use of the abstract***

As Velleman’s (2009:11) review demonstrates, children’s knowledge and attitudes about alcohol goes beyond simply family influences and involves the interplay of ‘four main socialisation vehicles: family, peers, schools and the media’. Therefore, I expected that participants would have knowledge about alcohol from a variety of

sources, including their own alcohol consumption and I cannot extrapolate the extent of these different influences. However, I argue that some participants' constructions of alcohol were insightful in revealing the *extent* of their detailed knowledge about excessive alcohol consumption, and in particular the negative consequences on the individual drinker and those around them, thus suggestive of familial experience.

The extent of participants' knowledge about alcohol was most frequently shared during an activity where participants were invited to draw or write anything they associate with the word 'alcohol' on the outline of a bottle shape. Emergent themes reflected participants' knowledge about alcohol as a substance; the health consequences of drinking alcohol; how it affects the behaviour of the person drinking and to a lesser extent the feelings of those around them. Ronaldinho's 'bottle' is a

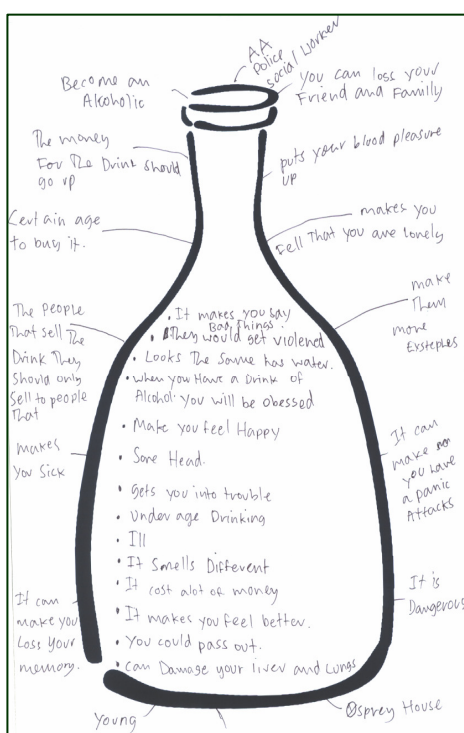


Figure 7: Ronaldinho's bottle

good illustration of the multiple constructions of alcohol (see Figure 7). As other researchers have found (Hill, et al., 1996; Punch, 2002; Veale, 2005), this approach creates an opportunity for multiple interpretations. Thirteen participants either drew or wrote on a piece of paper with the outline of a bottle with several requesting to complete more than one 'bottle'. The language used during this activity was often generalised, 'people can...', 'they...', 'it can...', rather than personalised. As I discuss later, the exception was to use the first person when talking about their own alcohol use.

A cross sectional study in Amsterdam with 70 'children of alcoholics' and a control group of 115 children aged 7 to 18 years old found primary aged children of alcoholics held more negative expectancies of alcohol than the control group whereas older children who were drinking held more positive expectancies (Wiers, et al., 1998). The majority of participants identified a clear link to the impact of drinking

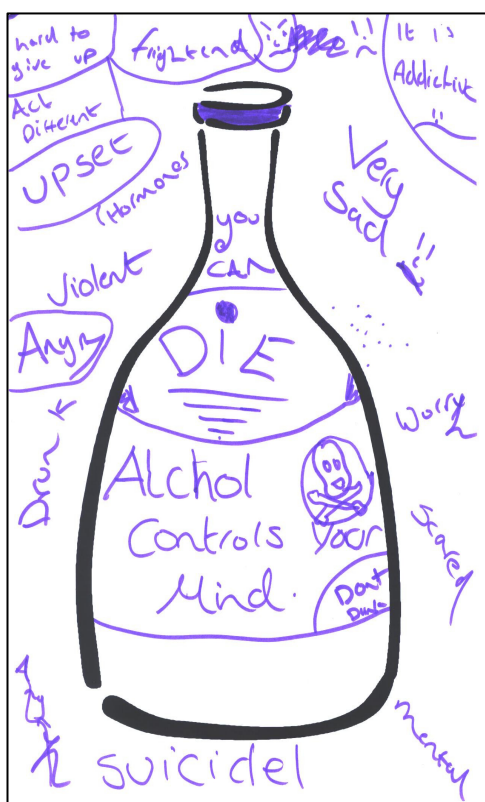


Figure 8: Taz and Rosie's bottle

alcohol on the short and long term physical and emotional wellbeing on that person, as well as on other people. With the exception of those who spoke about their own use, many spoke about alcohol as an addictive substance and as Daniel said, 'drink just takes them away they become a different person.' The longer term health implications from excessive alcohol consumption included: damage your organs, affects the brain, kills your liver and liver cirrhosis. The most serious concern about alcohol use was that it would result in death. As Taz and Rosie's bottle visually shows (see Figure 8) alcohol is a poison and 'you can die'.

Many of the bottles included descriptions of how people behaved when drinking in negative terms: Some participants spoke about a person being sad, getting upset and even feeling suicidal. Whereas others identified drinking alcohol with increased aggressiveness and being violent. Rosie explained why she wrote feeling scared: 'because people are violent when they've been drinking'. In a discussion during this activity, one of the Good Ideas groups shared a sense of anxiety associated with drinking explaining that 'they act different' or 'can't think right.' They highlighted the increase risks of accidents and 'doing something daft'. There was also a shared awareness that the words and actions of a person when drunk could be upsetting, hurtful or even frightening. As shown in the transcript below, Jessica talks about what can happen when a person is drunk and the consequences for children:

Louise	Okay anything else, any other kind of trouble?
Jessica	Well there is something like they could get into a fight at home including the children or something or do abuse or something. Like say something really hurtful to the children that just sticks to them like glue.



*Pause as Jessica is intently concentrating on drawing 'jail bars' on the bottle to show alcohol as 'big trouble'. She adds the words 'Ann Onymous' and reads this to me.*

Louise            Very good. So do you think people, so you say people can say things. Why do you think they might say things that hurt people?

Jessica           Well they don't know, they don't know, they don't know that they're doing it. They say 'I'd never dream of doing that to you' but they do

Louise           Why do you think that happens?

Jessica           The effects on the alcohol

*Interview transcript: Jessica*

As I experienced these insights, I strongly felt that participants were sharing their own experiences based on personal observation although were not naming it as such.

Knowledge about alcohol for five participants related to their own use as well as potentially parental use. In the Scottish Adolescent Lifestyles and Substance Use Survey (SALSUS), over four fifths of 15 year olds (84%) and over half 13 year olds (57%) in Scotland have drunk alcohol (a whole drink, not just a sip) (SALSUS, 2007). Thus, it is highly likely that some participants drink alcohol. Hayley, Kevin and Jim spoke about their own drinking behaviours and decided to 'colour in' the bottle to reflect their own alcohol preference of vodka, stella lager and white star cider (see Figure 9). They all were keen to 'show me' their drawings and appeared especially pleased in the care they had taken in colouring, as Jim said 'if I was in school right now it'd just be getting done like [gestures fast colouring in]'. This was slightly surprising given the slightly older ages (fifteen and sixteen years old) demonstrating their different and sometimes unexpected



Figure 9: Jim's bottle

preferences! Jim and Rob began talking about their own use of alcohol at the start of this activity before talking directly about their experiences of parental alcohol use. Thus, using this activity with intentional openness led to considerable expression in how participants communicated their understanding of alcohol. I suggest that the language used to talk about the impact of alcohol in an abstract and general sense, rather than using the first person, created a distance for participants to talk with a greater openness, without a sense of disloyalty and with greater control of the agenda. I will now consider a more focused strategy of using the third person to communicate.

#### ***4.3.2 Using the third person***

The majority of participants used the third person, often ‘Amy’ after watching the short film, Amy’s story, to talk about parental alcohol use and the impact on the family. Vignettes are particularly valuable when conducting research on a sensitive topic as participants can choose to talk through a ‘third person’ rather than talk directly about their own lives (Barter and Renold, 2000; Hazel, 1995). Twenty four participants watched and reviewed a short film made by young people about a day in the life of twelve year old Amy. Whilst watching the film, some participants showed particular insights; Homer says ‘I bet she gets bullied’ (and in the next scene she does) and Jessica suggests that the younger children in the family, ‘just decide to keep quiet’. Bart is impressed by Amy contacting an alcohol service in the film and explains, ‘that was really good of her cos she’d have to have really big courage to do that’. The storyline and the character of Amy and others were used by many participants to express their ideas about Amy’s life. Jessica even paraphrases what Amy is thinking, ‘I think she is kind of like “oh no, not again, has she been doing it again” and all that’. These comments were often suggestive of personal insights. This was most apparent with regard to the ending of the story where Amy’s mum sees an alcohol counsellor and says ‘everything’s fine’. Many of the participants shared a sense of disbelief about the ending and many were expectant that the film had a second part. Particular comments were focused on Amy’s mum’s access to treatment services and the length of time she was involved, ‘it takes much longer than that!’, and others were dismissive of the success of these services in changing parents’ drinking behaviours.

Watching Amy's story was the only research tool that included a scenario of parental alcohol use that participants could choose to interpret and comment on in whatever way they wished. A number of participants started to talk through Amy and relatively quickly moved to talking in the first person. For example, I asked Rob what he thought about Amy's interaction with her teacher and wrote down his response as he chose not to be recorded:

'She doesnae want the school to ken. Teachers ask you...She asked in registration cos I fell asleep in maths. Rubbish subject! My maths teacher started on us so I went to my guidance teacher. Me ma was up all night and I couldn't sleep cos she had the music blaring and that [I ask when this happens] Not a lot just every weekend, every Friday. Then I'm up all night on Monday morning so I don't get any sleep.'

Starting from Amy's position appeared to create a scenario to share aspects of their own lives. Ronaldinho felt that Amy's story was good 'cos it gives you something to build on'. Therefore, it appeared that whether or not participants decided to talk in the first person, third person or in a more general way the use of a third person was intrinsically useful. For example, some participants highlighted similarities, such as Audrey, 'her life is totally different but not that different' and Jessica said 'there is quite a lot of people like Amy'. As Luke cryptically states, 'I've been in that situation and that's the truth, but again it's noo'. These discussions are analytically complex, as participants move between different positions; it was difficult to gain a sense of certainty of personal experience unless stated explicitly.

Talking through another character was the only communication about parental alcohol use by Ewan. Ewan was very quiet and often responded to my comments or questions with 'don't know'. Out of all of the participants, he found it very difficult to talk about any aspect of himself within the actual interview, although he was much chattier when we met at a swimming pool café with a practitioner. I was surprised when he said he would like to see me again. In a second meeting, Ewan asked to watch Amy's story again and I agreed (but I had reservations as we had already watched the film and it hadn't generated a discussion). I introduced some 'faces cards' after watching the film to see if these were a way to communicate (see Figure

10). In using the cards, Ewan gave Amy a smiling 'number one' face because 'she got her brother and sister ready for school'. Later he adds an 'angry' face explaining, 'she was angry cos her mum was drunk, not feeling well, not taking her to school' and also a 'crying' face, 'cos mum's not taking her to school'. He gave Amy's mum a 'sickish face cos she's not well and 'cos she's been drinking in the middle of the night'.

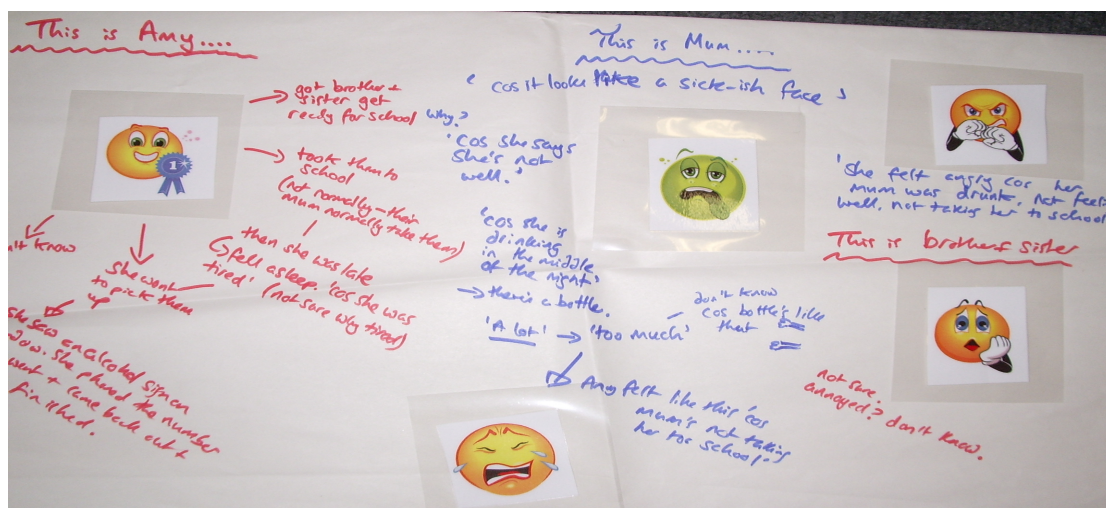


Figure 10: Ewan's views on Amy's story

Ewan's insights here construct 'drinking' as an illness or capable of making a person ill with consequences for what they can do the following day. He relates feelings of anger and sadness to Amy due to her mum's inability to take her to school that appears to be important to him in what a mum should do. Given the variety of cards and Ewan's limited verbal communication with me before this point, I found the choice of these cards and rationale in explaining how Amy was feeling insightful.

An extension of Amy's story was the opportunity for participants in groups to develop their own dramas which 'offers a tool for getting at shared symbolic systems and understanding' (Veale, 2005:267). In the Good Ideas groups, the majority of girls were critical of the script and the acting skills, explaining 'we can do better'. The two dramas produced gave a much richer understanding of 'Amy's life' including more details of mum's alcohol use and the influence of Mum's peers; extensive caring for siblings and encouragement by Mum not to go to school; bullying by their peer group and, in one drama, not having lunch money; and

accessing treatment services. The common empathy for parents' and perceptions of the multiple challenges they face was evident in this dialogue,

Michelle as a Health visitor: You can be helped. I can help you

Elizabeth as Mum: I go out for a few drinks. Nothing works. I've tried counselling and it doesn't work. You're just as bad! You say you can get help but you can't! I want a good life for my daughter. I need to move house. All the people around here are alcoholics.

*Good Ideas group: Drama transcript*

Despite their criticisms of the naïve 'happy ending' of Amy's story, both groups created an ending where Mum stops drinking and 'the problem' is solved. In the Film Crew, dramas were developed but the combination of a stated desire to 'do an action film' and with alcohol seen as a source of criminal violence, the filmed drama became an action packed adventure!

#### ***4.3.3 The hypothetical: the use of 'If...'***

Another strategy of talking about parental alcohol use was to create a hypothetical scenario. The words 'if' and 'just say...' were used to talk about what their personal reactions may be to a situation. I understand this as a form of distancing which allows greater expression. In a paired discussion, siblings Jodie and Ronaldinho talk about alcohol,

*'If you get addicted to it you're not going to have any time to go out, you're just going to be in your house all day drinking.'*

This exchange is insightful in the wider context of the other details they share about their mum's use of a treatment service. It is suggestive that drinking in the house may relate to their personal family experience. The use of 'if' may also reflect an uncertainty or an unclear expectation about the future. Bart shares his worry about his mum's drinking in the future, 'if one day she starts getting really heavy.' In the context of Bart's direct statements and in particular, his Mum's admission into hospital, it appears that Mum has been 'really heavy' already. Yet, 'if' may be a device that allows Bart to retain his loyalty to his Mum and reflects his optimism that

Mum may not drink heavily in the future. In a paired interview with Homer and Luke, Homer states he would 'batter' his mum 'if she was like Amy's'. Although later Homer describes his mum as having had an alcohol problem, it is unclear if he means she behaves differently to Amy's mum (as depicted in the film) or whether he is suggesting that he would be angry if his mum had an alcohol problem. Luke's reaction to Homer's comment, 'you couldn't batter anybody!' limited my ability to explore this further.

The expression, 'just say' was used by two participants to talk about violence at home. In two statements, Jim uses this device to talk about physical abuse indirectly:

'Just say my mum was like that and she like hits me I'd pure attack her cos there's nobody to help her and nobody to help me'

'...just say your mum was a steamer and she hits you'

Jim has already described mum 'as a steamer', thus using the hypothetical may have felt a more controlled way to share a difficult experience. Similarly, Bart's response when asked about his views on the teacher in Amy's story, implies a personal experience,

'Yeah that's really good cos if you think about it, people could be like getting hit and that and they're saying 'oh is everything alright at home?' But like if she did she'd say cos I know like when I say oh my mum's been hitting me in front of all your like classmates and that, cos especially in Glasgow, cos if they hear about one thing they can start to talk. So say ken her mum hits her and all that. So start spreading it around and then aye.'

The individual interviews with Jim and Bart were amongst the most personally revealing and both talk about their mum's alcohol use and subsequent treatment. However, their use of language allows them to share some details (perhaps real or feared) whilst retaining control of the story.<sup>19</sup>

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<sup>19</sup> There are many ethical considerations regarding this data. I think my judgement was influenced by the contextual knowledge that both boys already had statutory social work involvement and appeared to have close relationships with an individual voluntary practitioner at the service. In one case, a service practitioner already had spoken to me about historical physical abuse and the possibility that this may be revealed and was already known (see Chapter 3, Section 3.4.1).

#### ***4.3.4 Using a collective voice***

A strategy used in the small groups was an implied collective experience of parental alcohol use. In these all female groups, the support service had a particular remit of supporting children affected by parental alcohol use so perhaps this finding is unsurprising. As Imogen reflected below, their experiences of talking in gendered friendship groups may reflect why they chose to talk to me this way,

‘I think in this group it’s easy like I don’t know. I think it’s mainly because when I was younger I could sit and talk to anyone that went to [service] because they are either going through the same things or they’ve been through it or they’re going to go through it. So I think it’s easier to talk to you guys about stuff like that cos I know that you are not going to go back and go ‘guess what there’s this girl I know...’ because yous are not’

Imogen reflects on the shared identity with Audrey and Stephany emphatically agreeing. This was on occasion explicit, ‘we obviously had like the same thing going on’. This group identity often meant personal narratives were rarely shared in favour of a collective view. For example, in one of the Good Ideas group Christina started a group discussion about perceptions of other people using collective language of ‘how we are treated’ and ‘they judge us’. As I return to in greater depth in Chapter 7 on perceptions of difference, the sense of belonging to a group became an important part of expression. One of the challenges in analysing this data is a sense of uncertainty of the representation of the collective voice. Their own agency in the research process of presenting themselves in this way limited my understanding of diversity within the group. Like Veale (2005:269), I became concerned that ‘collective methods can hide inequitable participation’ and a ‘false consensus’ can emerge, where the use of collective language was iterated by more dominant members of the group and may not be a fair representation.

#### ***4.3.5 Everyday life: the implied impact***

The final strategy to talk about their experiences was to talk about the impact on their own lives without necessarily ‘naming’ parental alcohol use. Clearly it is difficult to suggest that their experience is causal and there may be many other explanatory factors. However, the context in which some of these discussions took place, most often as a reaction to watching Amy’s story suggested an implied understanding of

familial alcohol use. Many participants talked about school life and a number had difficulties in attending school: Luke explained ‘I was the only other person living there so I was having to bunk off school’. Paige, Imogen, Audrey, Stephany, Rob, Tamara and Jim all spoke about not attending school at some stages. There were a number of reasons for not attending school that included having to look after younger siblings and parents, not being woken up in time for school, not being encouraged to attend school and issues with bullying. Jim and Rob spoke about the late parties in the house with loud music that meant they felt very tired the next day and either would not attend school or would fall asleep in class. Homer, Jessica, Paige, Rob, Stephany and Tamara all spoke about being bullied at school. In one of the Good Ideas groups, bullying was discussed as one of their ‘biggest worries’ and there was a stated concern about peers and teachers ‘knowing’ about parental alcohol use and the perceived consequences of bullying (see Chapter 7). I attempted to sensitively explore the reasons, if known, for the bullying and for Homer and Rob there was a specific mention of a parental drinking. Tamara here may be suggesting that the bullying and her mum may have a connection,

‘Well it’s mostly when I was like getting bullied at school and I never done anything and then I went home and I took it out on my mum.’

Due to the sibling relationship and Rob’s explicit rationale for the bullying, I had an additional understanding of Tamara’s family context. Stephany and Jessica spoke about being bullied before they attended the voluntary service and both said they were ‘very shy’ previously and related this to their own confidence. For siblings Rob and Tamara, the bullying had a profound effect on their schooling and neither were attending school at the time of the fieldwork. In contrast, school was sometimes seen as an improvement on home for Imogen,

‘Even if you are having a rubbish time at school sometimes it’s better than the time you’re having at home.’

Audrey points out that not attending school had further consequences, ‘obviously like when you go to school it’s always gonna be harder cos you’ve got to think about an excuse but think about the family and stuff’ and Stephany adds her experience of being upset about not completing the correct homework, thus being in trouble. In



Chapter 5, I return to these issues but for now, I simply hope to illustrate the strategies deployed by some participants to imply parental alcohol use had an impact on their lives.

## **4.4 Choosing not to share: understanding silences**

This section explores the interpretations of participants' silences in the research process. In a study of people with HIV, respondents' silences were highlighted as an ethical as well as methodological concern (Huby, 1997). There has been a proliferation of guidance on conducting research with children (for example, Christensen and James, 2000b; Lewis and Lindsay, 2000; Tisdall, et al., 2009) with a frequent emphasis on listening to a verbal 'voice'. I suggest that children and young people's silences may easily be overlooked in the research process or misinterpreted as an inability of the researcher to facilitate communication. Furthermore, participants' disengagements are rarely explored beyond a brief mention in the methodology section referring to ethical guidelines that emphasise participants' rights to change their minds, not answer questions and retract statements. Therefore, using Huby's (1997) work as a starting point, I consider participants' silences through physical absence. I then share examples of participants' explicit statements regarding silences and consider expressions of silence within the research. I conclude with a discussion on the use of silence as a form of secrecy that may be a protective device for participants.

### ***4.4.1 Silence through physical absence***

At the first stage of the study, there is a silence from those not invited to participate due to the concerns of adult gatekeepers (discussed in Chapter 3, Section 3.4.1). As Thomas and O'Kane (1998:339) found, despite discussions and the principles of seeking children's active agreement and caretaker's passive agreement, some adults had objections and 'in these cases we had to accept their judgement'. In my study for example, some service practitioners felt that in families which they described as particularly chaotic, there was 'too much going on' in children's lives so providing information about the study would be inappropriate. Some services explained parents had 'disengaged' and they were struggling to contact the family, hence the physical absence was a shared experience. In the next stage, physical absence was apparent

when participants were unable or chose not to meet on the day agreed. Most frequently explanations were conveyed through practitioners who gave a variety of reasons such as ‘not answering the door’, forgotten, ‘not had a good day’, ‘run away’ or visiting a family member. Huby (1997:1153) highlights this as a shared issue between service providers and researchers in the ‘failure of service users to turn up to appointments’ which she offers a further interpretation of absence as a form of resistance ‘as strong statements about a person’s experience of the services or the research as intruding and controlling’.

Similarly to Huby (1997), my participants had strategies of resistance to both service practitioners and myself. Physical absence at the Film Crew was common as my fieldwork diary below reflects:

Service practitioner telephone call:

She had some difficulty in getting in touch with Daniel as he had lost his mobile telephone and mum had her landline telephone cut off. She had managed to speak to him though and he was up for attending the session. She had spoken to Kyle’s residential unit. He did not want her to visit and would not come to the telephone to speak to her. She talks to his worker. He is going to his friend tonight for a sleepover so felt that talking would make him late although it was explained that this wasn’t really the case. His worker said he was supposed to be seeing his sister on Saturday but she had cancelled so there might be a chance that he will come along. She has spoken to Scott– he wants to think about whether or not he wants to do the group. He is staying at his sister’s house in Berwick this weekend so he isn’t sure.

*Fieldwork diary Monday 20<sup>th</sup> January 2008: Final session for the Film Crew*

Kyle’s avoidance at this stage includes talking on the telephone with the service practitioner in relation to attending the group. His avoidance as a form of disengagement with the study is clear. For others, it appeared that physical absence was temporary and another date was arranged that was more convenient or they felt differently that day and so met me. In the Good Ideas group, the majority of the group attended every session with some absences due to illness and a family visit. On two occasions, a participant left early for a pre-arranged gym session and a school disco. These physical absences reflect a choice by participants; in choosing to be physically absent, they retain their silence. However, physical absence was not

always due to the decisions made by the participant. In the case of Paige, her own decision remained unknown as I received a telephone call on the day of an agreed second interview with Paige from her volunteer mentor. The mentor explained that Paige had not attended school that day and it was an agreement that, if she did not attend school, she could not see her mentor. On this basis, the mentor felt the interview could not go ahead. I felt very uncomfortable with this decision but unable to challenge the stance of the mentor, particularly as she had explained this situation to me at the first interview (Paige had not attended school but the mentor felt it was unfair to cancel at late notice). Thus, absences could be controlled by others.

Temporary silences occurred as I was keen to ensure that participants could freely disengage and reengage at different stages of the research process (Alderson and Morrow, 2004; Barnardo's, 2005). In explaining the study, I introduced the concept of a physical space, 'the chill out' in group work sessions and in one-to-one and small group interviews I used magazines and craft materials (and placed them in easy reach) that they could use at any time. The purpose was to provide a 'meaningful option' so they could have space from an activity, discussion, group or myself (as discussed in Section 3.2.6). As the researchers reflect in their study of children with a parent or carer with HIV, not answering a question may be even more difficult due to the unfamiliarity of children talking about the topic due to 'great secrecy and stigma' (Cree, et al., 2002:52). The chill out space was used occasionally by one of the Good Ideas groups and magazines in particular were used by participants in the study. At times, the magazines were used by participants as a way to change a subject or move on from an activity. I also used them if I felt that there was a potential that the participant may feel upset about a discussion; for example, Ewan was very quiet and I suggested doing a Doctor Who word search together. Participants most often used them as a continuing form of participation though: for example, Christina was sat in the 'chill out zone' flicking a magazine whilst very clearly still listening and then re-engaged in the activity. This could be a positive choice to temporarily 'opt out'. However, it is recognised that despite the reassurances, leaving a group setting for an individual participant can be very difficult (Curtis, et al., 2004). What became very apparent was participants had their own sophisticated strategies for opting out of the research; for example, getting up to look out of the window, commenting about a

noise or going to the toilet. The snack box was sometimes used by participants to end an activity or to change the subject. Asking for the time and any discussion about how they were going to get home was used as a useful cue that they were keen to finish talking or simply to change the subject.

#### ***4.4.2 Explicitly silent***

As Kohli's (2006:710) research with unaccompanied asylum seeking children found, silence 'is a process that is both burdensome and protective'. There are advantages of remaining silent. For these children, talking about the past involved 'telling a "thin" story' to fit the needs of the asylum seeking process rather than sharing the 'thicker' descriptions of their lives pre-flight (ibid). In my study, six participants did not share any details about their own parents' use of alcohol.<sup>20</sup> Scott and Kyle were involved in the Film Crew group work but to limited extents; André participated in an individual interview and wanted to draw patterned designs instead; and a paired interview with Sam and Tamara was considerably shortened as one participant was not feeling well. Kerry-Marie did not speak about parental alcohol use in the Good Ideas group. This is a similar stance to a Scottish study with children of drug using parents where four boys (aged eight and nine) out of 30 six did not share anything about parents' drug use (Barnard and Barlow, 2003).

There are examples within the fieldwork where participants' choice to remain silent is articulated. On one occasion, Rob reminds me of the boundaries of what I can and cannot know when I ask about his conversation with his guidance teacher he responds, 'I don't want to say.' Similarly, Luke tells me 'you wouldn't want the answers' about his views on alcohol. One week at the Good Ideas group, Taz announces 'I'm not talking' and sits at a table by herself with a magazine. These examples illustrate there are clear boundaries of what they will share. For Sam, choosing not to talk to me at a very early stage of the interview was an insightful reflection on the way he communicated,

'Basically I don't talk to anyone about my problems. I keep it to myself.  
[Later he adds] Making me talk about my troubles makes me feel weak.'

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<sup>20</sup> One participant affected by parental drug use did talk specifically about this so I have not included her in this section.

For Sam and maybe others in the study, a rationale for their silence can be given. I recognised there may be a multitude of reasons why participants may choose not to talk and ideally wanted to give many opportunities in case they changed their minds or just needed to spend more time to make a decision. Equally, I respected their decision not to talk at any or all stages of the research (Homan, 2001).

#### ***4.4.3 Different expressions of silence***

There was no intention for participants to share personal historical narratives of their lives. Kohli's (2006:719) research with young people seeking asylum status draws a comparison with some young people in the care system where the telling of stories becomes a rehearsed narrative. In a warm up activity, if not included as part of 'Important stuff to know about me' I would ask who they lived with and follow up questions about their family yet this rarely involved lengthy answers. There was frequently a hesitation in talking about parents in comparison to animated discussions about pets. In the extract below from my fieldwork notes, Rob does not appear comfortable or keen to talk about the remit of the service he is involved in although he later talks at length about the activities he has participated in and his relationship with one of the workers.

I asked about how he had become involved in the young carers' service and he replied 'my anger problems'. He said he was angry at his sister. I asked him what a young carer was. He said when you care for another person. He didn't say any more than this. I asked what they might do and he didn't say anymore

*Fieldwork notes Rob (chose not to be recorded)*

This is an area where Rob chooses to remain silent and his reasons remain unknown. Another strategy used as a form of silence is changing the subject; thus remaining silent about a particular area. This was apparent in a few cases where the subject was changed quickly. For example, Jessica decides to make a poster for the service and writes down 'DO YOU FEEL...scared, angry, concerned, anxious, sad, alone, worried....' In writing down these emotions, I'm keen to understand her meanings,

Louise	What do you think people might feel anxious about?
Jessica	Oh I really don't want this to happen. Like I can be scared as well but anxious is not the same thing as scared, you can have

	anxious-scared or you can have plain anxious like oh what's going to happen
Louise	What's going to happen about what do you think?
Jessica	Don't know you can be anxious about anything. Like oh is my hot chocolate going to turn out nice or what's going to happen at school or oh I'm not really sure

This use of the word 'anything' suggests Jessica is keen to depersonalise these emotions. Jessica then returns to an earlier humorous discussion about her granddad making 'a good hot chocolate'. I interpret a silence here about her family and in particular, whether or not she will be moving from her grandparents' house to her mother's house again.

#### ***4.4.4 Silence and secrecy***

In Bok's (1984) introduction to her philosophical inquiry into the ethics of secrecy, she identifies privacy and silence as facets of secrecy. I am guided by this consideration of the multiple aspects of secrecy to consider the ways in which I can make sense of secrecy within participants' engagement allowing for a discussion beyond the tangible 'secret' that is verbally revealed (or 'disclosed' in social work paradigm). Within this broader frame, a duality exists,

'The separation between insider and outsider is inherent in secrecy; and to think something secret is already to envisage a potential conflict between what insiders conceal and what outsiders want to inspect or lay bare'(Bok, 1984:6).

Thus, as a researcher I am the outsider and I do want to inspect, but not necessarily 'lay bare'. The revealing of 'secrets' in the research relationship, can 'seem like manna from heaven' where 'the seductiveness of such accounts is precisely their appeal to some essential truth' (Barnard, 2005:5-6). The appeal of revelations in research is evident and, as I have discussed in the previous sections, the knowledge gained from such revelations can be illuminating. Yet, it should be considered as much can be learnt from the retention of secrets as can be learnt from their revelation.

Secrets are often constructed as negative and Bok (1984) suggests a neutral stance should be adopted. The language of secrecy and disclosure pervades the literature on

families affected by parental alcohol and drug use. Living with parental drug and alcohol use has been described as ‘living with an elephant’ where everybody pretends it isn’t there and, despite the incredulity, it isn’t talked about (Kroll, 2004). This suggests that children are inhibited from talking by adult concerns within the family. The social worker emphasis on children being able to talk is often framed by child protection concerns. The extent of this was shown in my fieldwork when I originally used ‘secret name’ to explain how participants could choose their own pseudonyms. The practitioner explained her discomfort with my use of the word ‘secret’ as she said, ‘we don’t encourage secrets’. Yet, secrets are part of the language and experience of children and adults and can be seen as part of a socialisation process,

‘Secrets, silences and limited talking can, within the terms of the emergent evidence, allow autonomy to be established as part of the process of growing up and becoming independent’ (Kohli, 2006:709).

Participants used their own language of secrets; Bart told me ‘I’m great at keeping secrets’ and goes to explain the importance of this in friendships. Jessica has a ‘secret diary’ and she’s ‘not telling’ what’s in it. In his study with children seeking asylum, Kohli (2006:709) argues that ‘secrets and silences are much more readily attributed to the processes of becoming refugees, rather than simply growing up’. Thus, the use of silence and the language of secrets must also be contextualised as a part of childhood and not simply attributed to living with parental alcohol use.

## **4.5 Conclusion**

I only saw glimpses into children and young people’s lives. I consider that children can make an active choice whether or not to share any information based on the perceived consequences, the relationship with the researcher and their present frame of mind. Using research tools, in particular the draw and/or write bottle and watching and reviewing Amy’s story are open to interpretation and there is no requirement for participants to talk about their own family lives. One of the challenges is that knowledge can feel incomplete as they changed the subject, wanted to do another activity, went to the toilet or chose not to continue with a conversation. If I had employed more direct questioning and the use of tools aimed to understand personal

biographies, such as the life grid (Wilson, et al., 2007), it is likely I would have more detailed narratives. However, this was never my intended aim. Simply, I wanted to see what glimpses they wanted to share even if this left gaps, anomalies and raised more questions. I conclude that children and young people have extensive knowledge about alcohol in their families; yet they often demonstrated considerable agency in choosing the mechanisms by which to share this knowledge. In Chapter 8, I provide a full summary of this chapter as part of a critique (see Section 8.2, pages 207-8).



## CHAPTER 5

### SHARING EMOTIONAL TIMES: HOW CHILDREN AND YOUNG PEOPLE EXPERIENCED PARENTAL ALCOHOL USE

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*“First of all,’ he said, ‘if you learn a simple trick, Scout, you’ll get along better with all kinds of folks. You can never really understand a person until you consider things from his point of view – until you climb into his skin and walk around in it.’”*

Extract from *To kill a mockingbird* (Lee, 1960:33)

#### 5.1 Introduction

This chapter explores the theoretical and methodological complexities of understanding the ways in which children and young people chose to share their emotions about parental alcohol use in the research study. From one of the first qualitative studies directly involving children, *Forgotten children* (Cork, 1969) to a recent ChildLine study, *Untold damage: Children living with parents who drink harmfully* (Gillan, et al., 2009), researching children and young people’s experiences of parental alcohol use is frequently presented as an emotive topic. Literature reviews have highlighted the impact on children’s emotional well-being when affected by parental alcohol use, akin with parental drug use, parental mental health problems and living with domestic abuse (Cleaver, et al., 1999; Gorin, 2004; Social Care Institute of Excellence (SCIE), 2006; Templeton, et al., 2006). There have been valuable insights of children and young people’s directly verbalised emotional experiences when living with parental alcohol use (see for example, Laybourn, et al., 1996). However, the aim of this chapter is not simply to (re)present participants’ verbalised statements of emotion. Although participants’ declarations of feelings about alcohol, themselves, their family and school life provided a starting point in exploring emotion in the study, I soon realised that simply considering verbalised accounts in isolation was unsatisfactory; feelings appeared to be conflicting, fluid and temporal and situated in a specific context with its own set of ‘feeling rules’ (Hochschild, 1983). I consider that although we have an understanding of children and young people’s emotions as an object of study, we may learn more from a less detached and more embedded position. I heed the advice of Bondi (2005:433) where

she proposes ‘for emotion to be approached not as an object of study but as a relational, connective medium in which research, researchers and research subjects are necessarily immersed’.

This chapter is divided into three sections. I begin with a consideration of why emotions mattered to participants and to myself, as a reflexive researcher, in this research study. In the second section, I draw from Hochschild’s (1998:6-7) pioneering work on emotion, where she uses the example of a nervous bride on her wedding day to examine the use of an ‘emotional dictionary’ to define the bride’s feelings; the bodily experience of emotion (for example, crying), and places this within a ‘culture of emotion’ with prescribed expectations of *how* and *when* to feel. Using these three analytical lenses, I consider the use of emotional talk, embodied emotion and the ‘feeling rules’ within the research context. In the final section, I explore how emotion has been constructed in the endeavour of qualitative research through ethical procedures. I reflect on the role of emotion throughout the research process with a particular consideration of my own emotional uncertainties.

## **5.2 Emotions mattered**

### ***5.2.1 Researching emotions: the emotional turn***

The study of emotion raises significant epistemological and ontological questions about the basis of knowledge. Solomon (2008:3) highlights the understated presence of emotion in the historical works of philosophers and found two key themes emerged: firstly, emotion has been viewed as ‘more primitive, less intelligent, more bestial, less dependable, and more dangerous than reason, and thus needs to be controlled by reason’, and, secondly, that emotion and reason are ‘two different kinds, two conflicting and antagonistic aspects of the soul’. It is hardly surprising that with this rationale the academic endeavour has been primarily concerned with reason rather than emotion. As Williams and Bendelow (1998:xvi) argue,

‘Even to the present day, emotions are seen to be the very antithesis of the detached scientific mind and its quest for ‘objectivity’, ‘truth’ and ‘wisdom’. Reason rather than emotions is regarded as the ‘indispensable faculty’ for the acquisition of human knowledge. Such a view neglects the fact that rational

methods of scientific inquiry, even at their most positivistic, involve the incorporation of values and emotions.'

Hochschild (2003:76) argues that in order to legitimise the study of society, sociologists have overlooked the role of emotion, 'for this misguided quest permits us to study only the most objective and measurable aspects of social life'. Over the last three decades, the sociology of emotions has established itself as a recognisable field of study, although 'many conceptual and methodological issues remain unresolved' (Turner and Stets, 2005:284). As Holland (2009:11) wryly remarks, these days there appears to be a sociological 'fashion' for emotions. This popularity, phrased by some as the 'emotional turn' has emerged partly through the works of feminist scholars who have argued that the construction of objective, rational and scientific expression have been 'masculine' ways of knowing (Bennett, 2004; Bondi, 2005).

Hubbard et al (2001:121-122) suggest three components of emotion in the research process: the personalized emotional experience of a researcher 'doing' research; the use of emotion to make sense of the area studied; and the study of emotion itself. These components though are not separate rather are a complex interplay of emotions. I would argue that personalised accounts, reflecting on the emotional experience of 'doing' research with children and young people, are almost solely consigned to brief reflections in a methodology section or separate methodological papers (see for example, Ansell and van Blerk, 2005; Curtis, et al., 2004; Hill, et al., 1996). Similarly, the study of emotion itself is still distanced and without reference to the researcher's own emotions (see for example, Hochschild, 1983; Mayall, 1998), compared to the relatively few studies that use their own emotion to make sense of data (Young and Lee, 1996). As Widdowfield (2000) considers the challenges for social researchers to translate their personal emotional experiences into written word, I began to question how often the emotions of participants are presented perhaps without the same reflection or perceived complexity.

### ***5.2.2 The importance of feelings***

'Just cos it's not like physical problems, doesn't mean it's not mentally like, you've still got feelings for different things and even though it's not properly

visible to the normal person you still have a problem and they need to recognise that.'

Audrey shared this insight during an animated discussion with Stephany and Imogen about their experiences of teachers at school. Listening to their own self-identification of their feelings and their perception that others (in this case, teachers) need to recognise the importance of these feelings that may be hidden, was a very powerful experience in my fieldwork. This is particularly significant as it contradicts common perceptions that this group of children and young people struggle to identify their own feelings; for example, Hedy Cleaver and colleagues' (1999:86-87) Department of Health review summarises, 'children may be so wrapped up in the needs and feelings of a parent that they find it hard to think or talk about themselves'. As Audrey suggests here, there was awareness that her feelings could be hidden and, therefore, overlooked but not that she herself could not identify her feelings. In this research setting with her friends, Imogen, Stephany and myself, Audrey chose to share something that is 'not properly visible' to any of us either. As Imogen and Stephany earnestly agree with Audrey's point and continue the conversation, I am aware of their attempts to convey to me the significance of their emotional experiences.

Audrey also provides another angle on understanding feelings. As the discussion with Imogen and Stephany continues, she explains that for other people to understand her experience of living with her mother's alcohol use, 'they should go somewhere and see what happens around it and experience what it *feels* like'. Stephany and Imogen nod enthusiastically supporting Audrey in her analysis. Audrey recommends that 'to know', and thus to understand, involves experiencing feelings. This perceptive comment raises a much deeper epistemological point and bears a striking similarity to the eminent American sociologist, Arlie Hochschild's (1983:17) positioning,

'I define feeling, like emotion, as a sense, like the sense of hearing or sight. In a general way, we experience it when bodily sensations are joined with what we see or imagine.... From feeling we discover our own viewpoint on the world.'

Thus, Audrey alludes to feeling as a sensory experience that involves a social context, a sense of ‘being there’. Whilst I cannot experience what ‘being Audrey’ feels like, I can share the experiences of how I felt in the research engaging with Audrey and others. The experience of ‘being there’ and hearing the emotion in the voice, sensing the hesitation, seeing the sideways glance to the friend, the furrowed brow, the playing with the hair and talking with a hand over your mouth, are all part of the analytical process of making sense of participants’ experiences. As Bondi (2005:444 [my emphasis]) states from her experience in psychotherapies, ‘in the so-called ‘talking therapies’, silence, pacing, non-verbal utterances, voice timbre, and *above all the felt sense* that is communicated are at least as (and often more) important than words.’ One example of a strongly felt sense occurred with a young person who chose not to participate in the study. She was very keen to talk to me about her recent achievements and she appeared to be very comfortable with me, as I felt with her. Although not stated in any way, I sensed that she chose not to participate due to a perception that it may involve talking about other aspects of her life that were not as positive. I recognise this is a highly subjective interpretation of our interaction, but I *felt* that exploring participants’ emotions and recognising the experienced complexity was an important way to make sense of their lives. These experiences though made me aware of as Bondi (2005:442) says, how ‘intrinsically relational’ emotions actually are and how an awareness of our own emotions can provide further analytical insights.

### ***5.2.3 Methodological challenges: a plethora of emotions***

There is a risk in homogenising children and young people’s emotional experiences, thus constructing emotion as a ‘fixed’ state rather than as fluid and contextual (as critiqued in various reviews, Templeton, et al., 2006; Tunnard, 2002a). The development of psychometric tools to ‘measure’ children and young people’s emotions may contribute to these constructions (Bernath and Feshbach, 1995). Capturing the fluidity of participants’ emotions presents a greater challenge. Firstly, there was a very broad spectrum of feelings expressed about many different aspects of their lives. Using open research methods reflected the need to consider children and young people’s experiences holistically; for example, Claire’s alcohol bottle is a good illustration of the myriad of emotions she chose to share with Taz, Rosie,



aware and sensitive to the ways in which children and young people chose to communicate, a great deal can be learnt about their emotional experiences whilst being respectful of their privacy. As will be further explored, the context in which children and young people shared their emotions are affected by the ‘feelings rules’ of that setting (Hochschild 1998:6). I suggest that the ‘feeling rules’ surrounding discussions with authority adult figures, such as social workers and teachers can be very different from those informal relationships (see Chapter 6). I argue that my position as a researcher can offer an illuminating angle on an uncertain or ill-defined set of ‘feeling rules’. What is apparent is that the methodological challenge of understanding emotions as fluid, conflicting and temporal is an equally substantive finding reflecting the lived experiences of many participants.

## **5.3 Sharing emotions**

### ***5.3.1 Emotional talk***

I chose to focus on emotional talk encountered directly in the fieldwork simply as a starting point to be further developed in the following sections on the body and social context. In this section, I consider the extent, to use Hochschild’s (1998:6) phrase, of the ‘emotional dictionary’ of participants and tentatively suggest why particular verbalised expressions may be used in the particular context. I would argue that in demonstrating understanding and empathy about parental alcohol use, some participants were keen to show the love and loyalty they had for their families. There were various ways that participants demonstrated their understanding: partly by the ways in which they talked about problematic alcohol use; partly through explaining why parents drank; and, finally and more significantly, in their views towards parents changing their behaviour. Understanding and empathy were part of the story of the research process. As I have demonstrated in Chapter 4, the majority of participants had knowledge about parental alcohol use. Many participants appeared to have an emotional capacity to be understanding, sympathetic and empathetic to a parent’s alcohol use, almost despite the consequences. This was particularly pertinent in correlating their experience with the engagement with particular research methods; for example, many chose to talk through using Amy’s story in the third person or in an abstract sense to express emotions that could be construed as more difficult or

challenging to family life. The extent of understanding and empathy was sometimes difficult to exactly pinpoint; sometimes it was the tone of the voice, the inclination, using one word rather than another, sometimes it was what was not said rather than what was. In many ways, this draws strongly from ‘emotionally sensed knowledge’ (Hubbard, et al., 2001:121). For example, in some cases loyalty appeared to be demonstrated by not revealing family details: Luke preferred not to tell me who in his family had an alcohol problem but used the term ‘a family member’ and Michelle did not talk directly about her deceased father.

There were many subtle ways in which participants spoke about problematic alcohol use reflecting a sympathetic understanding. Alcohol was described as ‘difficult to give up’ and as Jessica said, ‘they don’t know when to stop’. Using Amy’s mum as an example, Bart repeated emphasised the strengths of his mum and how she was ‘never that bad’; he even demonstrates that her ability to care was still present even when he was younger, ‘well cos I knew, well she’s in a wee control, well she did get heavy once like that was when I was really young though but she still took care of me’. Ronaldinho wrote that sometimes ‘they don’t think they are an alcoholic’. This seemed to indicate that, in contrast, not only that *he* knew differently, but also suggests that recognising that alcohol is problematic can take time. Therefore, there was often an insight that changing behaviour towards alcohol (and drug) use was not easy. One exception was Jim, who explained that his mother had just decided to stop drinking, and he clicked his fingers to show ‘like that’. Demonstrating an understanding of parental reasons for drinking showed an insight into others’ emotions. Claire and Bart explained that their mothers drank alcohol excessively due to stress and alcohol was used as a coping mechanism by some parents; as Claire explains, ‘people drink cos they’ve got stressed, they’ve got worries and they don’t know how to sort them’. As Claire was a member of the Good Ideas group and hence shared this information with her peers, it is worth commenting that she uses the abstract ‘people’ rather than talks about her personal experience compared to Bart, who in an individual interview, talks directly about his mother.



The ability to care, and care deeply for parents, became evident in the fieldwork and this was particularly apparent in accounts where parents had attempted to change their drinking behaviour. Rob, Jim, Paige and Bart all participated in the study in individual interviews and all had mothers who were problematic alcohol users. I remember feeling surprised after all four interviews at the extent to which they personally talked about their mothers' alcohol use and, in particular, their mothers' attempts to stop drinking. Bart had already spoken about returning home after school 'to check' that his Mum was asleep on the couch. There was recognition that alcohol was 'hard to give up' and parents who wanted to change their drinking behaviour faced a considerable challenge. After watching Amy's story, Jodie and Ronaldinho explained 'it takes much longer' for a parent to stop drinking. Some participants emphasised that although they knew it wasn't easy, parents were 'trying' and they were often congratulatory about any successes.

Indirect emotional talk was a device used more frequently to express emotions that may not be favourable to the family without talking about themselves. In using Amy's story and creating subsequent dramas, the girls in the two Good Ideas groups questioned the love of a parent and raised the possibility that parents 'should feel guilty' for the impact of their drinking on children when in the role as actors. In Hochschild's (1983:71) analysis of students' accounts of family relationships, she illustrates the societal 'feeling rules' with regards to parent-child relationships where two college students were caught between feeling rules reflected in both 'hating' their parents but feeling they should still 'love' them.

'The choice in each case was hard not only because the child was violently torn between two reactions but because of a "should" that bolstered one reaction and not the other' (Hochschild, 1983:71).

This led me to think about whether or not participants were presenting what they 'ought to feel' as emotional talk in the previous section. In another study where some young people living with parental drug and alcohol use had been abused and maltreated over a period of years, the authors found, 'they often wanted to love their parents, despite everything, and complete rejection of a parent seemed to be very hard and quite unusual' (Bancroft, et al., 2004:14). Only in a few cases was a

negative view of a parent directly shared, although there were also many silences of other participants. Jessica chose not to talk about her mum and described her as 'useless'. In a reaction to seeing a photograph of her mother with her siblings on a service day trip, Elizabeth pointed at it stating she 'hated' her mum who no longer lived in the family home.

In using the bottle activity, many worries and concerns were shared in an abstract sense including parents dying, having an accident and going to jail. One area of worry for participants related to parents having accidents or, in Taz's words, 'doing something daft' whilst drinking. There were some discussions about parents being unaware of their own safety whilst drinking. This reflected for at least some participants that parental behaviour whilst drinking was perceived as being potentially dangerous. Alesha and Rob both had parents on medication for withdrawal from alcohol that was described as having fatal consequences if their parents drank alcohol. Rob told me that he would have to return to foster care if his mum died. When Bart's mum decided to stop drinking alcohol completely she collapsed and required an ambulance and a period of time in hospital. Being worried about changes in drinking behaviour alcohol was raised; Ash arrived at one of the Good Ideas groups and told me she was feeling worried about her Mum because she was drinking more. It also reflected participants' willingness to understand (asking for more information). In one Good Ideas group, Ash arrives and is keen to show me a piece of paper clutched in her hand; the sheet contains a typed list of different diseases associated with alcohol use that has been distributed as part of an alcohol education lesson at school. Understandably Ash is upset and worried. Ash lives with her mum and stepdad, both of whom drink heavily but particularly her mum. Jessica explained that you feel anxious because 'I really don't want this to happen' and concerned 'like oh is my mum going to stop the drink soon'. The research in this instance, felt like a space that these worries could be shared.

There were many hopes shared about parental alcohol use. Although in the Good Ideas groups, participants were critical of the 'happy ending' of Amy's story, they actually replicated the same ending in their own dramas. Bart and Paige specifically

used the phrase, 'everything's fine here'; Bart was keen to tell me about his hope that his Mum would be okay. After watching Amy's story and seeing her telephone an alcohol service, Bart comments,

'yeah cos they'll think well she phoned it and her mum wouldn't get up, mine's does get up so if I phoned it my mum would probably definitely come off it.'

Bart demonstrates his belief here that his Mum can change her alcohol behaviour and helps us to know this by comparing her to Amy's mum. There was an implication that if he makes the phone call, his Mum would 'probably definitely' stop drinking. In his language he revealed the hope and also uncertainty. Later he said that accessing a service would be hard because 'what if my mum's gonna surprisingly come off it, for a surprise for us'. This suggests again that his Mum might do it 'for him'. This perception is important in understanding how children and young people may feel about accessing services.

This belief may be a source of difficulty when parents do not change their behaviour. Bancroft et al's (2004:6) study with 38 young people aged 15-27 years, found 'the sense of let-down' where parents had repeatedly attempted to stop using drugs or alcohol and had relapsed. The older ages of these participants may be a reflection of the future reality for the participants in my study, as similarly found in Christensen's (1997) study. It is perhaps notable that it was the younger participants in my study that were optimistic about treatment services and parental stated intentions to change their alcohol use. There were exceptions though; ten year old Jessica pretended to be Amy saying, 'oh no, not again, has she been doing it again'. Her tone suggested exasperation and perhaps disappointment that, although not directly stated, could be linked to her earlier discussions about Mum's drinking and that she currently lived with her grandparents.

### **5.3.2 Embodied emotion**

As Claire's alcohol bottle (see Figure 11) suggests, there are many feelings associated with parental alcohol use and being sad, upset and angry. Most frequently particular incidents were shared where they used the body as a way to express

emotion, such as describing crying, shouting, throwing chairs. Fingerson (2009:226) argues that for children and young people, the body holds a particular importance 'as a direct source of agency'. Watching Amy crying in the school toilet in Amy's story generated many sympathetic responses; as Imogen said 'you do actually go to the toilet and cry your tears out and that' to which Audrey and Stephany agreed. In the Good Ideas group B, Elizabeth, Kerry-Marie and Alesha argued that Amy should be angry rather than cry in the toilets and discussed throwing chairs and, in one case, getting into fights. What I would like to reflect on at this stage is that whether it is punching or crying, emotion is inherently embodied. This is significant as Prout (2000b) argues that in understanding childhood using social constructionism, in reaction to biological reductionism, we may have overlooked the material body. The use of the physical body in expressing emotions was used by participants to convey to me (and others in the group) the intrinsic relationship of the mind, body and social context.

The physicality of some experiences was actually shared through being shown a part of the body with an accompanying story; for example, Bart showed me the red marks on his knuckles from punching a wall that he explained were now a few months old and Jim showed me scars on his arm where he had been in a car accident. As Haudrup Christensen (2000) found in her study of children's minor accidents, 'the child feels her body as a subjective experience and does not have an 'outsider's view' of her body as an object'. Jim and Bart used their physical bodies to tell me a story. This may be illuminating in how children's bodies are viewed by professional adults as an object that has been injured (for example, bruising) rather than as a subjective experience. As Haudrup Christensen (2000:57) argues,

'The cultural performance of (child) vulnerability and (adult) protection is accentuated when children's body surfaces are transformed'.

The presentation of the body in the research was used to share experiences that revealed emotional states.

For many, there were attempts to control their emotions by not physically showing how they were feeling. These descriptions gave emotion almost a physical fluid-like

quality where literally emotions could spill out or boil over. School was most frequently mentioned as a place where this could happen; as Stephany described having ‘mad temper tantrums’ at school as well as she would scratching the table because she was worried about what was happening at home. Berry Mayall identifies the influence of the social context in children’s accounts of illness at primary school;

‘The social order of the school serves to structure the emotional response of staff to children’s bodily distress, and the children have to learn to control and manage their bodies through emotion work’ (Mayall, 1998:149).

As Mayall suggests here, the body becomes a site in which emotions are displayed and controlled. At times there was an impression that emotions had to be ‘let out’ as Scott explained: ‘just go to a quiet room as well inside and just screaming and shouting. You make sure the walls are for punching’. The display of emotion for Scott is not to be shared with others, hence the quiet room. After watching Amy’s story, Bart identified a gender difference:

‘Well a boy would have probably just got angry and punched a wall cos girls cry in the toilets and boys punch walls [I interject, ‘okay’] that’s what I’ve done once when I’ve been really angry I’ve just belted a wall.’

Bart here indicates a set of feeling rules for how girls and boys are supposed to behave. However, in the Good Ideas groups, girls spoke about fighting and throwing chairs when angry in school. In a group discussion, Imogen, Stephany and Audrey explained that teachers did not understand the reasons for their behaviour and they could be in trouble. This need to control emotions meant that, if done successfully, some participants recognised that others were not aware of their feelings.

As participants verbally used the body to express a person’s emotional state, I would briefly like to consider the relatively few displays of more overt emotions (e.g. getting upset, being angry) in the research, almost despite the area of study. Only one young person (actually one of the eldest in the study) appeared to be upset in holding his head in his hands and saying he felt unwell during a paired interview and I decided, after a break, to not continue our discussion. In Harris’ study, *Children and emotion* (1989), he outlines how young children learn to talk about emotion, can hide emotion and control emotion. In his interviews with six year old boys starting boarding school, he found participants used two different strategies: ‘control of the

outward expression of emotion (e.g. trying not to cry) and control of the experience (e.g. keeping busy so no time to be upset)' (Harris, 1989:170). I began to wonder whether the research methods I used, with the different tools created less opportunities for participants to actually become upset. For example, in using stickers in one activity on people you can talk to, participants often moved quickly through this activity and I frequently had to ask them why they had chosen stickers for the previous people. How did my participants control emotion in our research encounters? Did I want them to control their emotions?

### ***5.3.3 Emotional context and 'feeling rules'***

The consideration of 'feeling rules' may be particularly pertinent in the case of children where the perceived consequences of sharing feelings may have undesired consequences. Previous studies found that children living in families affected by parental alcohol or drug use, mental health or domestic abuse learn not to share their feelings for risk of negative consequences for themselves or their families (Cleaver, et al., 2007; Kroll and Taylor, 2003). Kroll (2004:133) argues that children in families where parents use drugs and alcohol are 'encouraged not to talk about feelings'. What perhaps is not considered in this case, is the feeling rules in the social context in which children and young people may share these feelings. Sharing feelings with Kroll as a social worker is a different context to sharing feelings with a best friend. I discuss this in Chapter 6 with a particular focus on relationships of trust, but suffice to say, different feeling rules will exist with regards to the context.

Six female participants, Ash, Taz, Christina, Claire and Rosie (one Good Ideas group) and Jessica (individual interview) chose to make a poster about the voluntary service for other children and young people who may not know about the service. In the Good Ideas groups, there was a common theme of sad and happy faces to represent their experience 'before' and 'after' accessing the service. As can be seen in Ash's poster (see Figure 12), 'don't be sad, be happy!' Here appeared to be some collective identity in sharing emotional states. As I discussed in Section 4.4.3, in a one-to-one discussion, Jessica writes down a list of feelings and the encouragement that the service could help children and young people with these feelings. Jessica, like others, suggested that it is the consequence of these feelings that children and

young people should be supported by a service. Their direct use of emotional terms and, specifically, the perception that accessing a service can change their emotional state (i.e. from sad to happy) gave me an insight into how they perceived others in a similar situation to themselves to be feeling. The use of this activity as a research

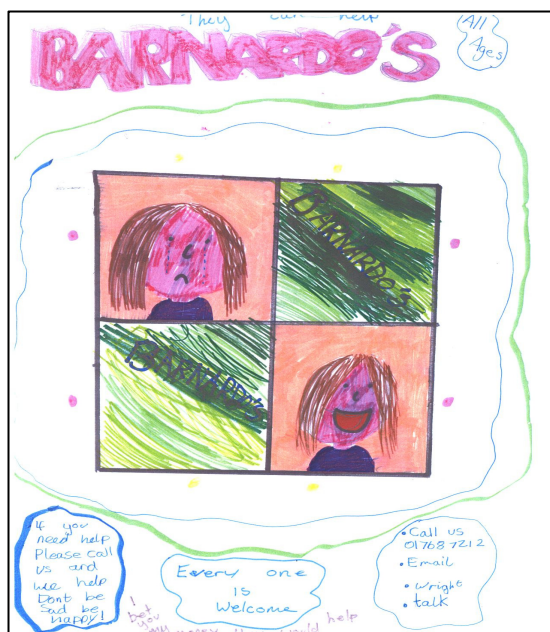


Figure 12: Ash's poster

method created an opportunity to see how they would present the service to myself and with an imagined audience of other children and young people. This reflected the importance attached to their own emotional states in living with a parent with an alcohol problem. There were also different views on accessing services that still involved emotions; for example, Rob explained the reason for the referral to the young carers' service was due to 'anger problems'.

There have been considerable reflections on the influence of the research setting on the engagement of children and young people (Curtis, et al., 2004; Hill, 2006; Hill, et al., 1996). The physical space of the service for most participants will have had a history, with the exception of six participants where the service involved working at their homes and other community spaces rather than at the service base. All participants were recruited to the study via a voluntary service with expertise in working with young people, whether with a specific remit for alcohol in the family or not. André's comment about the service, 'it's rubbish, it's about how you *feel*' provided an important aide memoir for the likely experience of accessing a support service. Although participants may not have spoken about parental alcohol use, there may have been an expectation to talk about their feelings. This would differ across services with some having a more therapeutic service model and others primarily providing activities (although as I refer to in Chapter 6, this may actually provide more opportunities to talk). For some, there was a contrast made between their experiences at home in contrast to at the service; Elizabeth's view 'you can't talk in

our family' is presented almost with the implication that you can talk at the service. A small group discussion with Imogen, Stephany and Audrey focused at one stage on their perceptions of being unable to talk about their feelings before accessing the service. Therefore, although I recognise the differences for participants in their individual experiences of this support service, I should consider the role of support services in facilitating communication about their experiences.

## **5.4 A researcher's reflections: feelings and analysis**

### ***5.4.1 'Managing' emotion in a research context***

There is an implicit assumption, that with careful and thoughtful planning and contingencies, the emotional experience of research can to some extent, be managed by a competent researcher. For the participation of 'vulnerable groups' that often, by (ethical guidance) definitions, include children and young people, there is often a greater responsibility (Liamputtong, 2007). In the design of the research study, I drew from various ethical guidelines to ensure, as far as possible, that participation in research was not a distressing or endangering experience for children and young people (Barnardo's, 2005; British Sociological Association, 2002; National Children's Bureau, 2003). Although the limitations of ethical guidelines in the many 'grey' experiences of conducting research have been considered (Ansell and van Blerk, 2005), I remained committed to the principles that engagement in research should not cause any distress and even hoped that research could be a positive experience. I considered the implications of the research carefully on my participants and introduced various strategies to respond to participants feeling uncomfortable or upset at any stage of the study (as discussed in Section 3.3.4). To some extent the uncontrolled emotions of participants, and perhaps particularly children, are constructed as a 'problem' and I offered a range of 'solutions'. I admit that unreflectively I considered my competency as a researcher to be demonstrated in the anticipation and minimising of any potential distress; hence, there may be an assumption that displays of emotion are to be avoided. This does not mean that it would be desirable for participants to become distressed by the research experience, rather that the more literal interpretation of ethical guidelines can have consequences for how emotions are constructed in the research process.



Although often celebrated as a validation that children are worthy of academic study (Qvortrup, et al., 1994), the agenda of justifying the scientific merits of researching children and young people's lives may have an unforeseen consequence in the oversight of emotions. Perhaps sharing our own emotional uncertainties may be construed as undermining the agency and competency presumed of our participants. Rarely do researchers reflect on their own emotions in empirical research studies with children; for example, Robson (2001) discussed the young carers' crying in her interviews but does not detail her own emotional response (and that of her co-researchers who conducted the interviews) and the implications for her analysis. In outlining the ethics of researching with children and young people, researchers are urged 'to take greater account of relationships, power and emotions' in ethical research with children and young people (Alderson and Morrow, 2004:55). I would argue that whilst relationships and power have been extensively explored as part of ethical considerations in research with children and adults (see for example, Barker and Smith, 2001; D'Cruz, 2000; Grover, 2004), emotions remain conspicuously absent.

Ethical guidance emphasises the need to minimise risks to potential participants but there is much less emphasis on the potential risks and concern for the welfare of the researcher (Lee-Treweek and Linkogle, 2000). The emotional labour involved in qualitative research has been recognised in a commissioned inquiry to explore the physical and emotional risks to qualitative researchers' wellbeing whilst conducting research (Bloor, et al., 2007). In considering my own emotional wellbeing, I had regular supervision with two university supervisors and a Barnardo's supervisor with an opportunity to discuss any worries and concerns with an 'open door' to contact them at any other times. We also discussed the potential use of a university counsellor although I did not feel this was necessary. My prior experience, as a sole researcher exploring sensitive topics with children and young people, gave me confidence in my abilities to manage my own emotions and use the support on offer when required.

### 5.4.2 Presentations

In Hochschild's study, *The Managed Heart* (1983:4), the use of the smile is a reflection of the 'emotional labour' of flight attendants; 'trainers take it as their job to attach to the trainee's smile an attitude, a viewpoint, a rhythm of feeling that is, as they often say, 'professional''. In writing a 'checklist of things to remember' for researchers engaging children and young people in group work, I begin with 'a smile' followed by the practical paraphernalia of a researcher; thus, I inadvertently reflect the importance of the projected feelings of the researcher which may not correspond with the actual feelings (Hill, et al., 2009:133). This previously unconsidered use of a smile alerted me to the presentation of self as a form of 'emotional labour' involved in qualitative research (Hubbard, et al., 2001).

For a combination of practical and personal reasons, such as being tired after a long car drive, feeling unwell, an unexpected family death, I had many experiences in the field of having to 'mask' my feelings and present an enthusiastic and welcoming smile as part of my performance as a researcher. At the first Good Ideas group, I asked if everybody would like to chose one or more cartoon faces (see Appendix 6 for details of this research method) to express how they were feeling. I took my turn last and chose two faces: one looking anxious with beads of sweat and one happy face. I explained: 'I feel a bit nervous because this is new and I don't know any of you yet, but I also feel happy that you've turned up and excited about what we are going to do'. After this activity, the group appeared more relaxed and chattier. In the opinion of the practitioner, admitting my nervousness had a significant impact on the group. The use of my emotions here were in my carefully orchestrated role as a researcher: I actually felt these emotions as appropriate in the role of which I played. I recognised that there would be some emotions that I would not have expressed, even if I felt them, due to the perceived consequences on the group. Although the researcher is able to display a whole range of feelings in empathy with their participants, these do not usually include frustration, displeasure or anger. The use of the mask is not negative, as Goffman (1959:31) explains,

'In a sense, and in so far as this mask represents the conception we have formed of ourselves – the role we are striving to live up to – this mask is our

truer self, the self we would like to be. In the end, our conception of our role becomes second nature and an integral part of our personality.'

The projection of myself at this stage resonates with what I was attempting to achieve; as others have found, making participants feel valued and respected is central in a research study (Alderson and Morrow, 2004; Curtis, et al., 2004). This presentation of my feelings made me aware of how similarly participants may also negotiate the research process.

At times, listening to children and young people in this study was upsetting: Jessica alludes to the verbal abuse that 'sticks to you like glue' with the reflection that parents 'don't know they're doing it'. It was rare in our face-to-face meetings that I displayed my emotions beyond understanding and empathy; I may have displayed a 'cloak of competence' (Kleinman, 2002:384). In a study of involuntary childlessness, Letherby (2000:101) found when women cried, 'I sometimes had to work hard not to'. The use of the term 'work' confirms the emotional work in denying our feelings and attempting to manage the research. There were specific topics raised by participants that were emotional; Paige and Bart spoke about the death of their grandparents with sadness and, in Paige's case, guilt as she blamed her own behaviour as a contributing factor to her grandparent's death. Jim spoke about his father's time in hospital and death. I remember driving home after various interviews feeling deeply saddened. Ash shared something very personal about her life and asked for this to be removed from the tape. Although this data has not been included in the study, the emotional effect of hearing this remains. I am in agreement with Widdowfield's (2000:200) reflections that, 'not only does the researcher *affect* the research process but they are themselves *affected by* this process'. Often, it was the glimpses that were shared but quickly moved on from that had the greatest effect. In some ways, the hint or suggestion of physical abuse or being bullied, meant the level of distress was more difficult to make sense of analytically but also emotionally than overt statements. On reflection, it is understandable why researchers may want to avoid or minimise emotional accounts.

### **5.4.3 *Placing myself***

Kleinman (2002:382) describes her own resistance to the emotional knowledge gained from her fieldwork in a holistic health centre entwined with first experiences of academia; she explains how the emergence of the sociology of emotions 'legitimized *my* having feelings'. In attempting to use an ethically reflexive methodology, I needed to consider my feelings. In Hochschild's (2003:5) preface to *The commercialisation of intimate life*, she shares her childhood experiences of her mother's sense of 'sadness about motherhood' as a partial rationale for this sociological interest. Many researchers have studied topics that are salient to their own personal life (Letherby, 2000; Smart, 2007), and many more may chose not to reveal such a connection. The decision to share my own family alcohol problems remains an ethical quandary. Lee (1993:136) argues that through personal experience researchers can have an 'appreciative understanding'. In many ways, this understanding has made me increasingly recognise the diversity of family experiences rather than draw attention to similarities. After watching Amy's story, Paige told me 'that's just what my life was like', whereas for others, there was a frustration that it did not accurately portray their experience and also it did not portray my experience. However, I recognised throughout the research process that some of my reactions and subsequent analysis related to my experience; for example, attempting to access support services for my father. To ignore this seems to be an oversight as a reflexive researcher. Yet, revealing this in itself has been a dilemma. Letherby (2000:106) shares her own dilemmas and sense of vulnerability in sharing an auto/biography and the negative response received by some academic audiences. There is a further reflection on the presumption of a shared experience being historical for the researcher. Through the final stages of writing, my father's alcohol problems have become much more severe including admission to hospital due to serious accidents. During this time, I decided to delay writing this very chapter due to my own emotions.

### **5.4.4 *Emotional uncertainties***

Lee (1993) argues that, in sensitive research, we often have a liking or sympathy for the groups we chose to study. I was incredibly grateful to the 30 children and young

people who chose to participate and further groups who thought about whether or not they would like to participate. The sense of gratefulness and subsequent indebtedness to participants and gatekeepers can mean emotional experiences in any negative sense are denied. As Hubbard (2001) found in her research with Scottish couples, her feelings of antagonism towards a male respondent had to be suppressed. In my fieldwork, I experienced very different levels of rapport with participants and had strong feelings of like and, in very rare cases, dislike that I attempted not to reveal to anyone. Hochschild (1983:19) describes this as a '*transmutation*' of feeling where private feelings are disguised. These emotions pose ethical dilemmas. Blackman (2007:700) refers to this as the 'hidden ethnography' where academics, especially those at the start of their career, are encouraged to present research as 'clean' – almost sanitised accounts of research. Of course, it is justifiable to ask: does it matter? Researchers rarely reveal their personal emotions about participants beyond the methodological anecdotes of fieldwork. Kleinman (2002:383) explains the dilemmas in her decision to share her experiences when a researcher in the holistic health centre:

‘I tried to protect myself from what I considered to be inappropriate feelings about members of Renewal, I thought of myself as unemotional and perhaps objective (at times), but I was actually in a state that bracketed deep thought and thus analysis’.

Rather than a methodological reflection without context, Kleinman situates her experience at the health centre with her move to a new university where she feels isolated and keen to prove herself to her new colleagues in academia.

The experience of emotions for the researcher is often presumed to be in the direct contact with participants. As Bloor et al's (2007) UK commissioned inquiry into the risks of wellbeing of qualitative researchers found, the interpretation and understanding of emotion are not confined to the face-to-face engagement with research participants but can occur at all stages of the research process. One of the more difficult experiences of my study was after I had completed fieldwork with a group. At the start of 2008, I had completed my two Good Ideas groups, had analysed the data and wrote a draft findings paper. I had already returned to the groups around four weeks later to provide preliminary feedback at their request. I

was considering the possibility at this stage of inviting all the girls to participate in an individual interview and I phoned the voluntary service to discuss some possibilities. During this phone call, I was told that the mother of one of the participants had died that week of suspected alcohol poisoning. Understandably, the service did not feel it would appropriate at this time to explore further research possibilities. Here is an extract of my fieldwork diary:

Friday

After the phone call I was upset. I was in Barnardo's Scottish office and my Barnardo's supervisor was working so I went through to talk to her. I cry as I tell her what has happened. The emotional response is strong: she was a lovely lady trying to deal with her alcohol problems; she knew the impact it had on her children and was positive about them talking to me. Also, I knew from the girls that one of their real fears is that their parents might die. I feel so sad that this had happened to Taz. Knowing her and meeting her mum gave me an insight into their relationship. In some ways this feels a privileged position to be in. I feel sad for the practitioners knowing how hard they worked with this family. The talk with MD was good and she was very understanding. It helped that she had read the paper on the Good Ideas group the day before and also that she knows me well. However, now I feel exposed as if I spilt too much out.

In some ways I also felt guilty because I thought how it would affect my reading of the data. I'm kind of dreading having to read it again knowing this. Also, part of the response related to my dad and the difficulties he is having at the moment. It feels like a very stark reminder of the impact of alcohol on family life. I wonder what could have been done to help this situation. I'm glad that the service is involved to help Taz in the future.

Monday

In the afternoon I had a meeting at university and I bump into my university supervisor. I ask for a quick word and tell her what has happened. I feel almost as if I'm gossiping. I feel uncertain about my role as a researcher in terms of what to do. I feel it is particularly hard as both mum and Taz spoke to me about family life. Sarah is nice and says that it happens in research even when not on a sensitive topic. I feel maybe I'm being dramatic. I kind of wish I hadn't said anything. Sarah sent an email to ask if I'm okay and to take time to deal with it – I feel a bit better about talking now.

*Extracts from my fieldwork diary*

One of the pertinent challenges I felt in this experience was the ambiguity of my personal and professional role and uncertainty about my ethical conduct. Firstly, I was unsure whether or not I should be privy to this information. I had not been given

permission by Taz, and although I may have met her again, at this stage our research relationship had concluded. Second, I felt uncertain about what, if any, action to take. I decided to write a condolence card for Taz and, in discussion with the service practitioner who knew Taz well and had worked with me on the study, I left it to her discretion if she felt it was an appropriate time to give to Taz. During the group work, I felt we developed a good relationship but of course, this was only my perception and she may not have felt the same way. I felt the need to 'pay my respects' but should I have done and was a card the way to do this? I also felt guilty that somebody else's grief may become my data. Taz's own worries about the consequences of drinking alcohol had materialised. Finally, I now reflected on the data with this knowledge. In the broader sense, children's concerns that parents could die due to their alcohol use had become true.

A final reflection is to recognise the ebb and flow of the emotional experience of a research study. In understanding our emotional experience of research, it is sometimes easier to highlight particular 'events' (for example, Paige blaming herself for her grandfather's death or Jim showing me a dance to explain the best and worst times of his life). The experience of analysing and 'writing up' has been in some sense as emotionally demanding as the fieldwork. From the many different comfort zones that we may have, mine involves the direct work with children and young people. In solitary writing, I feel exposed. I feel anxious in the ways in which I represent children and young people in my study to convey their diversity. There is a fine balance of sharing some of the difficulties in their lives without constructing this as their whole identity; as Elizabeth re-confirmed in our first meeting about the study, 'so it's not just our problems'. At times, I have found this ethically challenging and a source of worry. I return to this in Chapter 8.

## **5.5 Conclusion**

Emotions are an inherent part of relationships whether academic or not (Kleinman, 2002; Weller, et al., 2009). The co-construction of knowledge in the study involved the entwining of participants' current and historical emotions, my emotions and the emotions of the narrative (whether oral or visual) being shared. Hubbard et. al

(2001:121) argues that the denial of these emotions presents a distorted representation of the data and in analytically drawing on 'emotion knowledge' we can enrich our understanding. However, the consideration of emotions on many levels is analytically challenging and I acknowledge the limitations of merely glimpsing emotions. I agree with Hubbard et al's (2001:135) observation that researchers have to 'become more practised in recognising and interpreting emotion, just as they become more practised in making sense of respondents' words and actions'. The context of emotional expression looked at in a micro level here needs to be placed within a broader context. In Chapter 8, I provide a full summary of this chapter as part of a more developed critique of the thesis (see Section 8.2, pages 208-9). The emotional reactions of participants towards parental alcohol use tell us something much more about the cultural norms of childhood and adulthood. This leads me to the next chapter on trust.



## CHAPTER 6

### TRUST MATTERS: CHILDREN AND YOUNG PEOPLE'S SOCIAL RELATIONSHIPS AND PERCEPTIONS OF SUPPORT

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*'They trusted each other. Will loved his mother very much  
and often told her so, and she told him the same.'*

Extract from *His Dark Materials: The Subtle Knife* (Pullman, 2007 [1997]:8)

#### 6.1 Introduction

Trust mattered to the children and young people in my study, whether this trust was declared, demonstrated or alluded to in their relationships with families, friends, other participants in the study, teachers, social workers, service practitioners or myself, as a researcher. Social theorists have recognised the need for empirical investigation to attempt to understand the nature of trust; yet defining trust remains problematic (Misztal, 1996; Möllering, 2001; Sztompka, 1999). In Barbara Misztal's sociological work on trust, the inherent challenges are identified:

'This diversity of assumed functions and classifications, together with an ambiguous and diversified context of trust relations as well as an overload emotional and overstated explanatory value of the concept, makes trust one of the most difficult concepts to handle in empirical research' (Misztal 1996:95).

I consider a sociological understanding of trust as 'relations among people rather than their psychological states taken individually' (Lewis and Weigert, 1985:968). My interest in the historical or emergent relationships between the 30 participants, practitioners, myself and to a peripheral extent, families can be explored. Recruiting participants via voluntary support services provided a rich context in which participants, particularly those in groups, reflected on as a source of experience of establishing, developing and maintaining trusting relationships. Furthermore, I draw from findings from specific research activities that explored participants' views of informal and formal support that articulated or alluded to concepts of trust. Although my methodological approach is based on a commitment to participatory methods, it transpires that I have, rather inadvertently, heeded Möllering's (2006:189) advice, as

researching trust requires ‘methods capturing process, experience, embeddedness and reflexivity’.

The aim of this chapter is not to simplify the complexities of trust but to analytically explore these different, conflicting and ambiguous ways in which trust frequently held some sense of importance in participants’ lives. This builds on the previous chapter that focused on the emotional impact of living with parental alcohol use. I argue that trust is a useful lens through which to explore participants’ own perceptions of informal and formal support. In the first section, I explore participants’ declarations about trust and mistrust towards individuals and institutions. From these accounts, it could be presumed that trust is a fixed attribute either given or bestowed on an individual. Therefore, I move on to discuss participants’ negotiations of trust within their social networks revealing the significance of the context in any specific time and place. This challenges an assumption that children affected by parental alcohol use ‘do not trust’ (Kroll and Taylor, 2003:185). Arguably, trust may be more complex and deciding who to trust may have greater consequences. In the third section, I outline the qualities that participants identified as significant in creating an opportunity for trust in their interpersonal relationships: respect, an ability to listen and privacy/confidentiality. In the fourth section, I consider the dynamics of trust and the consequences when trust is fractured. Finally, I conclude with a reflection of whether trust continues to be ‘an elusive concept’ (Möllering, 2006:1).

## **6.2 Declarations of trust and mistrust**

### ***6.2.1 In individuals***

Misztal (1996:98) describes one of her foundations of trust as ‘passion’ where ‘trust is based on familiarity, bonds of friendship and common faith and values’. Alesha, Bart, Christina, Daniel, Jim, Kerry-Marie and Tamara all used the term, trust to describe their relationships with parents, friends, teachers, a social worker and myself. Jessica felt a parent could ‘go to someone they trust’ if they needed help for an alcohol problem. Bart and Jim used ‘trust’ to describe their relationships with their parents. In a one-to-one discussion, Jim gives his Mum an ‘excellent’ sticker as

someone he can talk to. I ask him why and he replies with conviction, ‘cos it’s the only person you can trust’. In the context of our discussions, Jim shares the love he has for his Mum and demonstrates a strong sense of loyalty. In his seminal work, Russell Hardin (1993:514) suggests that children in American city ghettos ‘are taught all too successfully, that they cannot trust others, especially not outsiders or strangers but also not even close associates’. In ‘only’ trusting his Mum, Jim may be implying that others are not to be trusted. Jim and Christina share a mistrust of teachers and social workers. Alesha is concerned that I will ‘betray her trust’ as a researcher. In these declarations ‘betrayal of a personal trust arouses a sense of emotional outrage in the betrayed’ (Lewis and Weigert, 1985:971). Yet, as I return to in Section 6.5, these stated declarations of trust or mistrust were later revealed to be a much more complex phenomenon.

Declarations made about friendships revealed that participants did not trust friends unequivocally but made decisions about which friends they could and could not trust. Friends are often viewed as an important source of support for children and young people because they are considered trustworthy (Butler and Williamson, 1994; Korkiamäki, 2009; Vincent, et al., 2006). Most frequently, trust was depicted as a quality of a friendship; Daniel describes his friends as ‘reliable friends who I can trust’. Similarly, Bart reasons, ‘some friends you can’t trust, some friends you can trust’ with an explanation that ‘a very good trustor is someone who is good at keeping secrets that you’ve got’. Bart’s comment is suggestive of the first of Möllering’s three mechanisms of trust where trust involves a rational choice being made: Bart decides which friends he can trust with his secrets suggesting trust is ‘selective, reasonable and decisive’ (2006:13). In this extract, Tamara suggests that trust has been tested over a period of time with friends and boyfriends,

‘They’re like my best mates and like I ken I can trust them cos I’ve been mates with them for ages [okay] and like half of my boyfriends I can trust them, even when they dump me, they still keep the secrets.’

Like others (Weller, 2007), Tamara emphasises the importance of time in developing trust in friendships. Similarly, Kerry-Marie considers that time is a factor in deciding whether or not to trust a friend, as you are more likely to ‘if you’ve known them for

ages'. These declarations suggest that these participants made an active decision in who to trust with a suggested sense of permanency when a state of trust has been achieved. For many participants though, there was an ongoing reflection and evaluation of these friendships where trust could change over time as I discuss later.

### **6.2.2 *In systems***

Sociologists have argued that there cannot be a separation of interpersonal and systemic trust (Misztal, 1996). Partially, this is presented as a counter argument to understanding of trust as an individual characteristic or set of relations between two actors; as Lewis and Weigert (1985:967) argue trust is an 'irreducible and multi dimensional social reality'. Thus my analytical separation of trust in individuals and systems may seem misplaced. However, I think it is worth considering participants' declarations about trust and mistrust aimed at collectives or systems, teachers, social workers, alcohol services and ChildLine, rather than individual relationships.

Bart, Hayley, Homer, Jim, Kevin and Luke were particularly vocal in stating their mistrust of teachers. As Jim explained,

'I just would never tell a teacher. Cos you dinnae ken what they'll ...[unclear] They can say 'you can trust me with this, trust me with this' and then they'll go behind your back and say the end of it.'

Amongst these participants, there was a shared view that teachers often sought their trust but they believed their subsequent actions were a betrayal of trust; as Homer felt, teachers 'grass on you'. Bart suggests that the unequal power differentials of 'knowing' affected his decision to trust teachers, 'I dinnae ken why I just can't really trust in teachers. Cos they dinnae like you knowing about them, they wouldn't even tell you if they had a kid.' Although rarely shared, the perception of mistrust may stem from a negative experience leading to the generalisation that 'all teachers' or 'all social workers' cannot be trusted. There were very few declarations of trust about support services, although I discuss the different principles to facilitate trust in Section 6.4. Jessica and Bart talked about trust as significant in accessing support services for parental alcohol use. In a research activity about who might support children and young people, Bart gave ChildLine an 'excellent' sticker because 'it looks like you could really trust them cos they would send someone out right away'.

Ronaldinho and Jodie suggested a specialist treatment centre as a source of support. For many, there was an indication in the identification of specific services that conveyed a sense of trust (or this may have been hope) in positive changes in parental alcohol use. Others, often older participants were more cynical about support services for parents and their anticipated success.

One of the greatest concerns of parents affected by alcohol use is that their children will be removed from their care; hence, there are high levels of mistrust in statutory child welfare services (Barnard and Barlow, 2003; Kroll and Taylor, 2003). A qualitative study with 40 multi-disciplinary practitioners supporting families affected by drug and alcohol use found establishing and maintaining trust with parents who were distrustful of professionals was a recurrent theme (Kroll and Taylor, 2004). The literature commonly presumes that children in the family also share a mistrust of professionals. Furthermore, there is a suggestion that through this familial experience, children no longer possess an ability to trust; children ‘don’t trust, don’t feel, don’t talk’ (Kroll and Taylor, 2003:185). The mistrust of the social work profession was shared; as Ash explained, ‘well I didn’t want to speak to her cos she worked for social services’. The reasons for this mistrust may be underpinned by the frequently shared view that involvement of social workers would result in children being separated from their family; Daniel said it can be difficult to talk ‘cos they might find they get put in care or something like that cos the mum isn’t coping’. After watching the short film, Amy’s story Kevin provided a more realistic storyline in discussion with Hayley:

‘Social worker comes round the house ... [kids] taken off mother... Then say at bottom - consequence for drinking.’ I ask how he thought of this and he says he doesn’t know.’

This was also a view shared in the Good Ideas groups’ dramas. This partially at least, suggests a sentiment of mistrust towards social workers. However, I need to be careful to not presume that other young people have higher levels of trust in systems. In an NSPCC study with 190 children and young people, Butler and Williamson (1994:69) found a quarter of participants said they would talk to no-one about a worry and many had ‘no trust’ in peers or adults.

### **6.2.3 In research**

Qualitative research methodology highlights the importance of trust in researcher-researched relationships; see for example, when researching sensitive topics (Lee, 1993); exploring research with children (Christensen & Prout, 2002); conducting research with vulnerable people (Liamputtong, 2007). The establishment of trust may require skill and tenacity yet, once trust is secured, there appears to be a presumption that trust becomes a fixed attribute rather than a fluid, context specific experience. It may be considered that there is also an absence of institutional or systems trust in research *per se*. Why would children and young people trust a researcher anymore than a teacher or social worker? I would argue that there was a lack of trust at the initial stage of the research process. Firstly, with the possible exceptions of Paige and Jessica, there was a palpable apprehension of participants towards the research study. The frequent shyness, nervous laughter and lack of eye contact during our first meetings were suggestive of an absence of trust but as Hardin (1993) highlights, the absence of trust does not necessarily mean distrust. In considering how I might be framed by participants: as an outsider, a professional, a person seeking, rather than providing information, an unknown entity, there is lack of interpersonal trust. The exploratory stage of the study created a valuable opportunity to discuss research and the desired qualities of a researcher. In the two Good Ideas groups, trust emerged as an important quality of a researcher and one group further emphasised the significance of trust in stressing that a ‘rubbish’ researcher quality was to ‘betray ur trust’. Thus, the need to be able to trust a researcher was an articulated concept, rather than a theoretical or abstract concern.

## **6.3 Negotiations of trust**

### **6.3.1 Within the family**

The family has been considered to be the primary site for the development of trust relations; this is commonly referred to as ‘basic trust’ often inferring an *implicit* relationship of trust between parent and child (Misztal, 1996). In one of the earliest works on infant trust, Erik Erikson (1951:220) argues that trust is an essential first stage of development; babies learn to trust ‘outer providers’, primarily the mother, to develop a concept of trustworthiness in others as well as in self. Hardin (1993) states

that for children suffering from neglect or abuse, the development of trust is seriously affected and may require significant support in later years. Beyond this implicit presence or extreme absence, there has been very little attention focused on children's trust relationships beyond infancy (Bernath and Feshbach, 1995) and even less so that recognise children's own agency in the trust relationship process. Yet, my findings in this area are unfortunately limited. With a few exceptions, there was often a quietness or silence in talking directly about their own relationships in families (see Chapter 4 for a detailed discussion on silences).

Children, like adults, often identify families and friends as the most important source of support when adversities arise rather than formal support systems (Gorin, 2004; Hunter, et al., 2004; Moran, 2007; Pinkerton and Dolan, 2007). In my study, parents were rarely identified as a main source of support or help. An activity chosen by seven participants explored who can help or support children and young people using excellent, okay and rubbish stickers for a range of people and services that may be known to them. A further four participants used a set of cards to create a spider diagram to choose 'Who I might talk to'. Jessica, Hayley and Kevin all chose not to comment or chose a sticker for their relationships with their Mums. Jessica currently lives with grandparents to who she gave an 'excellent' sticker. Hayley and Kevin currently lived with their Mums and siblings and both chose a 'rubbish' sticker for their Dads: Hayley explained 'we've fallen out' and Kevin emphasised his choice by thumping the sticker on the table. Tamara, Ewan and Sam did not chose parents as people they could talk to. André gave Dad an 'excellent' and Mum a 'rubbish' sticker which surprised me<sup>21</sup>. In an Irish study involving 172 young people (aged 11-18 years) who were referred to a Neighbourhood Youth Project due to being at risk of justice or welfare intervention, Pinkerton and Dolan (2007) found even when adolescents had difficult relationships with parents, they still perceived parents as their main source of support. On reflection, this activity may suggest that that a person or service was always excellent, okay or rubbish, rather than this ranking would depend on the context. It did capture an expression of emotion though. Furthermore, in this activity often the participant chose a sticker but articulating the

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<sup>21</sup> André was not allowed contact with his father. A visit to the family home suggested a close relationship with Mum.

reason for the choice proved more difficult or was avoided by focusing on the next choice of sticker. Whether or not this can be used as an indication of trust is difficult; however, what it does suggest is that we need to be careful about presuming trust or mistrust in these relationships.

In only a minority of expressions, most notably Bart and Jim, trust of a parent was overtly stated. In these cases, it appears that close kinship may be perceived as the explanatory factor in explaining the trust relationship. Berry Mayall's (2002) London study with 139 children (in two year groups of children aged 9-10 years and 12-13 years) found children to be confidants to parents, in particular to mothers and shared extensive knowledge of parents' historical and current difficulties. In contrast, Elizabeth, who lives with her Dad, says she 'hates' her mum and Jessica describes her mum as 'useless' and doesn't want to talk about her. I suggest that Goffman's (1959) front stage and backstage analogy is relevant here where these participants are keen to express a particular presentation of their relationship with a parent. The presence or absence of trust appears to be a device for explaining this relationship.

Many different family members were identified as sources of support to participants in various ways. Grandparents, aunties and uncles were most frequently mentioned. This extract from the Good Ideas group highlights some of the recognised complexities in talking to other family members about their worries:

I ask the group who you can talk to when you are worried about something	
Claire	I have to tell my friend or my gran
Ash	I tell granny
Taz	I can talk to my gran but she's a bit too close to my dad and she could tell my dad about mum
Claire	My gran loves me to bits
Taz	My gran doesn't like my mum.
Christina	My gran doesn't like my dad and would use it against my dad.
<i>Exploratory fieldwork notes: Group A Session 3</i>	
<i>Discussion during 'Amy's story' activity</i>	

Although they may have strong relationships with family members and potentially trust them to talk about some of their worries and concerns, this may not include



talking about their own parents. Age appeared significant to some participants in discussing their relationships with siblings; when I asked about talking to her younger sister, Jessica laughed explaining ‘she’s only four!’ Furthermore, in talking about research methods some participants felt younger siblings do not understand and would become upset. Yet, on one occasion, a Good Ideas group retracted this when they reflected on their own understanding at a younger age. Older siblings, particularly sisters, were discussed as somebody they could talk to. Scott, Homer and Kevin all spent time with their older sisters who lived elsewhere including spending weekends and, in some cases, more long term stays.

### ***6.3.2 With friends***

Friendships were more frequently discussed by participants and the language of trust was used as a quality of that relationship. A third of the participants who engaged in a research activity about support, most frequently identified friends with an awareness of limitations. Bart felt that he could trust some of his friends, ‘some friends you can trust, some friends you can’t’ especially those in cadets. Daniel trusted his friends, ‘I can rely on them’ and his girlfriend was often referred to as an important confidant. Hayley explained friends were more able to help you, ‘cos you can talk to them more than you can talk to the teachers and stuff’. For Sam who no longer lived with his family, friends had a particular significance, ‘my friends are my family.’ In a study of children calling the free telephone helpline ChildLine, friends were found to be the most common source of support with 29% of children talking to friends about their problems (Childline Scotland and CRFR, 2005). Many discussions were shared earlier in the ‘Important stuff to know about me’ activity where friendships were described as spending time together for specific activities: André talks about playing wrestling with his friend; Ewan and Bart play out on their bikes; Paige ‘goes out’ with a group of girl friends; and Jessica plays out on the street. In a study about who children and young people would talk to about their worries and concerns, only a quarter said they would usually talk to a friend (Butler and Williamson, 1994). Therefore, many children may not talk to friends about their worries but do value spending time with their friends.

For those who decided to talk about parental alcohol use, trusting a friend ‘not to tell’ was an essential prerequisite. Vincent et al’s (2006:38) study on peer support found that friends were identified as an important source of support after parents because ‘most important of all, [they] considered them trustworthy’. In one of the Good Ideas groups, Claire, Taz, Christina and Ash all said they had told a female ‘best friend’ about parental alcohol (and, in one case, drug) use with mainly positive results, as Taz said ‘she didn’t tell anybody, she didn’t mind about it’. Maintaining friendships when home life affects an ability to attend school regularly, participate in extracurricular activities and socialise in the evening and weekends can be challenging (Cork, 1969; Laybourn, et al., 1996). Claire explains that this is a reason why she decided to tell her best friend about her mother’s drinking,

‘I told my best friend what happened because she would always wonder why I wouldn’t come round and stay and that at the weekends’.

The decision to talk about parental alcohol use may be a strategy used in some cases to preserve friendships. Christina and Ash shared an awareness that information about their mother and father could be ‘used against them’ if the friendships ended. Tamara had found this to be her experience with one friend,

‘...aye because I like I told who I thought I could trust, my mate one time right and I thought I could trust her and the next week it was all about everybody at school [okay] so I cannae trust her cos she just blags to everything so ...’

This did not result in Tamara no longer trusting friends; she was just more careful in choosing who she could trust. In Bancroft et al’s (2004) study with older participants affected by parental substance use, they found a significance yet ‘fragility’ in friendships. None of the participants spoke about not having friends although the frequent concern about bullying suggested that sometimes friendships may be more difficult or precarious. For some participants, the changes in living circumstances could affect friendships; for example, Paige spoke about missing her friends when she moved to a different area to live with her father. There was a suggestion by Kerry-Marie that good friends were ‘known’ for a long time thus, there could be an impact on the quality of friendships with frequent moves or periods of non attendance at school for example.

A UK study found children affected by domestic abuse confided in long standing friends or peers who had the same experience (Mullender, et al., 2003). In the Good Ideas groups and small group discussions, it was very apparent that attending groups at the services had provided a source of friendship. For example, Imogen, Stephany and Audrey discussed difficulties in regularly attending school, experiencing bullying from their peers and not having time to ‘hang out’ with friends. In this exchange they reflect the mutual trust of each other,

Imogen	I know that you are not going to go back and go ‘oh guess what there’s this girl I know’ because yous are not...
Audrey	...we are obviously had like...
Stephany	...had the same thing going on

Although they valued the service practitioners, the primary importance of the group was the personal friendships they shared. They placed a high value of their ability to empathise; as Imogen highlights ‘you probably most likely know if it’s anything to do with home and to do with why we’re in the group you can understand’. Through the provision of a formal support services, it still appears that the informal support with peers was most highly valued. In another group, there was a service intention for the group to end that was met with strong resistance by the participants. These shared experiences may have created a culture of trusting each other over a period of time.

### ***6.3.3 With professionals***

The presence of ‘one trusted adult’ is highlighted as a protective factor for children whose parents have alcohol problems, mental health issues or experience domestic abuse (Cleaver et al., 1999). This is a salient point as frequently participants identified one individual. Many participants appeared to trust another person but they appeared to do so very carefully and often with reservations. My concern is that this presumes trust to be relatively fixed once developed and not subject to change. Therefore, I will consider the stated trusted relationships and then provide data that suggests that these relationships had to be renegotiated constantly and could prematurely end, which children and young people would have no control over. Some young people have very strong views on this experience through their

involvement in services that requires a consideration of what happens when trusting relationships break down with services as well as in families.

The majority of discussions about professionals were focused on teachers and social workers. The process of negotiating trust requires uncertainty and this appeared significant when deciding to trust a teacher or a social worker; as Jessica shared the worry about the uncertainty in talking to her teacher, 'what's she gonna do?, is she gonna tell somebody?, what's gonna happen?' For some participants, this uncertainty outweighed the possible benefits of talking. As Ash said, 'well I didn't want to speak to her cos she worked for social services'. Trusting appeared to be at a very high cost; as Daniel felt that it could be a difficult decision, 'cos they might find they get put in care or something like that cos the mum isn't coping'. Some participants were very careful about how much information they shared; Christina explains that in the case of a social worker at school 'I've told her about some but I don't want to tell her too much'. This often appeared to be a process of gradually building up trust over a period of time and almost 'testing out' the responses and subsequent action. Christina also implies the importance of retaining some privacy over areas of her life. As I discuss in Section 6.4.2., for many the hoped for response was actually simply listening and being more understanding about their home lives.

Trusting a professional involved many considerations: the personal characteristics and historical relationship; whether the information would be shared; how they were expected to treat you afterwards; and the possibility of peers knowing and their anticipated reactions. In the third week of the Film Crew, Scott participated in an activity called 'who I talk to'. One teacher was a very important confidant in his life; 'that's the only thing is her there' (points at the teacher card) and goes on to explain his relationship with Mrs McIntosh, 'she's more like ken another teacher.' Rob describes a positive relationship with his guidance teacher who provided practical help in giving him time off school 'to get some sleep'. Jessica talks about her relationship with Miss Armstrong, her deputy head teacher who attends her Children's Hearing, and explains she can talk to her, 'she understands family life'. Her affinity with Miss Armstrong is contrasted to her class teacher who she tried to

talk to but he changed the subject to homework. In these reflections, participants demonstrated an awareness of why it was one particular teacher in whom they chose to confide. The Film Crew allowed a further insight into Scott's experience when he was unable to attend the final groups and the gatekeeper was told that he was struggling with changes to the school curriculum that meant he no longer had regular access to Mrs McIntosh.

Developing trust in formal as well as informal relationships required time and as Alesha specifically articulated, 'you need to build up a relationship'. One of the oldest participants in the study, Imogen shared her experience of having many different service practitioners since accessing the family alcohol service at the age of ten:

'It's good to have constant workers that are always here and you can always count on them. The people that already know your history, so you're not like, if you've come in and you're feeling really low and you want to talk to someone about it in the group it's good to have people that already know everything that's going on at home so you don't have to completely build up the relationship all over again cos most of the time, all this stuff, like if you've got an issue that going on at home most of the time you need that person if you want to talk to them about it you need that person to know everything that's gone on in the past just to understand this one issue. And then half of the stuff you don't even want them to know so it's really hard to end up building up a new relationship with someone every six months and that.'

The relatively frequent change-over of staff directly impacts on the young people accessing the service after developing strong relationships. It seems to be a testament to Imogen that she appears willing to repeatedly share her 'history' to enable practitioners to understand. It may be though that this would not be possible for all young people. The unpredictability of service funding was shown starkly at the latter stage of fieldwork; in arranging to send feedback leaflets to three participants I was told the funding contract had not been renewed and the service had now closed. The consequences of this on relationships of trust are not known, yet it is worth considering that for some young people it is likely to be detrimental and will affect their future trusting relationships.

### ***6.3.4 In a research study***

Exploring trust in the research study is inherently difficult as my interpretation of participants' trust in myself, practitioners and each other is highly subjective. Trust research has predominately focused on exploring individuals' trust with others, rather than with a researcher. Lee (1993:208) suggests three viewpoints by which researchers can construct trust on sensitive topics: one, is presuming distrust rather than trust in order to maintain an awareness of potential deception; a second stance is to provide procedural safeguards to enable participants to trust, thus be able to disclose information; and a third approach is to see trust as 'having an emergent character'. I would argue that in research with children, concern with the procedural safeguards have dominated our understanding of trust, arguably from an adult-centric perspective. Using a procedural viewpoint, clear explanations about the research study and, more specifically, principles of confidentiality were anticipated to facilitate trust. For example, in deciding to participate in the study, Tamara appeared reassured when I explained I would not be talking to her mother about what she said. My interpretation of the interactions suggested that aspects of trust were developed partly due to the explanation of the research where confidentiality was respected and the emphasis on their decisions. However, this also raised some ethically difficult issues. In one instance and potentially unspoken in others, it was in discussion of the parameters of confidentiality that trust appeared to be lost. As part of the negotiated agreement with service providers, disclosures of abuse or significant harm would be discussed with the participant and shared with a nominated professional of their choice (anticipated to be the service practitioner or manager). As discussed in Chapter Three, Alesha responded was unhappy with the limitations of confidentiality and replied, 'oh well then I just wouldn't talk to you'. As others have found (Williamson, et al., 2005), children and young people may be inhibited from participating in research due to these protocols, thus, further silencing their experiences. Therefore, I understand trust in research as having an emergent character that can develop in many directions including mistrust.

There was a significant diversity in the type of participation in the study; thus, a complexity of relationships between participants (see Appendix 2 for a more detailed

outline). The Good Ideas groups had known each other and worked together in a group previously and their familiarity with service protocols, for example on confidentiality, gave an impression of trusting relationships. The small group and paired interviews were, in all but one case, selected by participants as friendships in the service. As in considering relationships with practitioners, rapport and friendliness cannot be conflated with trust. In the Good Ideas groups, I started to understand trust as a willingness to share confidences. This was apparent in the Good Ideas groups although was conspicuously absent in the boys' Film Crew. A few participants shared personal details in front of the group as this extract from my fieldwork diary shows:

‘When the practitioner arrived, Alesha said to her that she needed to talk to her about something important. Susan said that was fine but it would have to be later. Alesha seemed okay with this although brought it up a few times throughout the group. It involved what her brother had said about where he wanted to live and clearly it was on her mind. Later she said, ‘I don’t mind you all knowing’ and began to tell Susan what had happened that week.’

*Good Ideas Group B, Session 1. Retrospective notes (chose not to be recorded)*

There may be many reasons for Alesha’s decision to talk openly about her family; the desire to talk to Susan may have outweighed the immediate privacy issues. Her established relationship with the group may mean that she actually wants them to hear about her current situation. Her statement, ‘I don’t mind you all knowing’ may actually be directed towards me in her decision that she does not mind me knowing. It certainly appeared to demonstrate a level of trust in the group to be able to talk.

The research process created an opportunity to glean an understanding of the relationships between participants and practitioners at the voluntary service through which participants were recruited. There were specific instances where participants stated that their intention to talk to the practitioner after talking to me, about a specific issue. For example, Sam referred to private issues that he wanted to talk about to the practitioner and Tamara wanted to talk about returning to school. The articulation of a request or intention to talk about something private, that they did not share with me, reflected an intention of trust towards a certain individual. A strong

indication of trust was seen in the two Good Ideas groups deciding that service practitioners could be involved in the group, although to different extents. I was keen for participants to feel comfortable in talking to me and gave a choice for the practitioner to remain involved during discussions. Similarly, in the Film Crew with Daniel, Scott and Kyle, I asked if they were happy with a practitioner and film maker to be part of the group (although in hindsight, I question the real choice in this decision given that all three adults were unknown, as indeed were the boys to each other). The presence of mistrust or perhaps uncertain trust was subtly suggested by Kevin and Hayley during a small group discussion in which a practitioner had remained present at apparent (although again questionable) request. In choosing stickers of 'okay' and 'excellent' stickers for the young carers' service, they looked over at the practitioner on the other side of the room and she then asked if they wanted her to leave. Rather than responding to the practitioner, Kevin replies to me, 'we just meet people who we are friends with'. Although it is impossible to know what might have been said, I felt that the purposeful look at the practitioner and then non-correlating response regarding friends suggested that a discussion about the service was being curtailed in the presence of the practitioner.

To conclude this section, there are many examples where relationships were negotiated and trust appeared to play a role. Considering participants' relationships with myself and the ambiguities alerts me to the complexities in other relationships. I now move on to look at three key qualities discussed by participants that can, to some extent, facilitate trust.

## **6.4 Qualities to enable trusting relationships**

### ***6.4.1 Respect***

Many participants, particularly in group discussions, emphasised the importance of feeling respected in their relationships. Imogen and Audrey spoke about their first nervous experiences of attending the family alcohol service and the positive consequences of feeling valued by the staff and other young people:



- Imogen        ‘... the thing that helped me the most was everyone being really nice to me as soon as I came in it was just like ‘hi, how are you?’ and then I was just like at the time I hated talking to people, I didn’t open up, I didn’t like talking to anyone at all. As soon as I came here...
- Audrey        [interrupts]... as soon as you come here you learn to be more communicative’.

Other participants spoke about being made to feel welcome when using a service including phoning a helpline. Jessica said she liked it when the receptionist at the family service remembered her name. There were various insights throughout the fieldwork that participants had experiences of not feeling respected and in various ways these were partly associated with their family circumstances. One of the central concerns related to a consequence of being bullied either due to peers’ reactions if parental alcohol use became known or by the subsequent consequence of ‘being treated differently’ by an adult. Stephany remembered that her Mum explained that she would not be bullied at this group because ‘everybody would just kind of be like me’. This perception of how they were viewed by other people was expressed in the Good Ideas groups, as Christina said ‘they judge you and they don’t know the real story’. After watching Amy’s story, Bart says Amy must have ‘big courage’ to phone an alcohol service because,

‘What are they gonna say to you? Saying you’ve went and told people about this. How do you know it’s a real line... Like a real place rather than people just putting it up for a laugh to see who’s alcoholics.’

Bart’s comments indicate an anxiety regarding the stigma that may be associated with an alcohol problem in the wider community. Some of the participants spoke about ‘being blamed’ unfairly, for example, being late for school due to family circumstances hence they felt the need to share the situation to teachers. Claire would only consider talking to a teacher, ‘if you know they won’t treat you different’. For Rosie, the consequences of talking to a teacher had resulted in her feeling she was being treated differently as she told me her teacher asked her everyday ‘if she was okay’ and she found this difficult in front of her friends. Although, it was understood through the discussion that the teacher may be well intentioned, the result was Rosie felt uncomfortable and her privacy about her home life was compromised. I return to this in Chapter 7.

I suggest that the experience of feeling respected can allow a trusting relationship to develop. During an activity about support, Luke and Homer spoke highly about social workers in the through care and after care service in contrast to their previous experiences:

‘Yeah the through care and aftercare workers they treat you as if you’re an adult and all that right and they say right, they help you out with your own decisions and that they don’t make your decision for you. But that’s what the social work does. Say like you’re in foster care and you’re not happy then they go and grass you up and all that. They won’t sit and have a meeting and just discuss it and everything you know.’

The way in which they felt treated affected the relationships they had. As others have found (Butler & Williamson, 1994), young people may want support in making decisions but they do not want the decisions to be made for them. Their narratives reveal the need for mutual respect or reciprocal relations. As some participants felt in their relationships with teachers and social workers, the perceived absence of respect created hypocrisy in an expectation or desire for a trusting relationship.

#### ***6.4.2 Taking time to listen***

Hayley, Kevin and myself were talking about people who were ‘good to talk to’ using the support stickers activity when Hayley said ‘someone that listens and erm I don’t know, just listens’. The simplicity of what Hayley felt was needed is illustrative and was shared by others. Luke described the qualities of his Granddad and Auntie,

‘They just listen, like and they never interrupt and say what’s going on, just like sat down and listened and spoke to me about it and all that.’

Gorin’s (2004:3) review for children affected by parental substance use, ill health and domestic abuse found, ‘children say they want to talk to someone who they trust, who will listen to them and provide reassurance and confidentiality’. As Butler and Williamson found (1994), children and young people were rarely wanting the listener to take any action rather it was an opportunity to ‘unload’, share ideas and think through potential choices. In one of the Good Ideas groups, the five girls made posters about the service where having somebody to talk to was a theme (see Figure 13). There was a gender difference in the narratives around talking, with many of the

boys focusing on the value of activities; as André comments on the service, 'it's rubbish. It's how 'you feel'. It's not wrestling or football'. In contrast, one of the Good Ideas groups felt talking was essential 'to get worries off your chest'. Audrey said 'you don't have to talk about things that are going on at home, you get to like do other things'. The girls commented that the boys in the group often played the X-box. For the girls in particular, the value of the services seemed to be having the option to talk and somebody to listen.

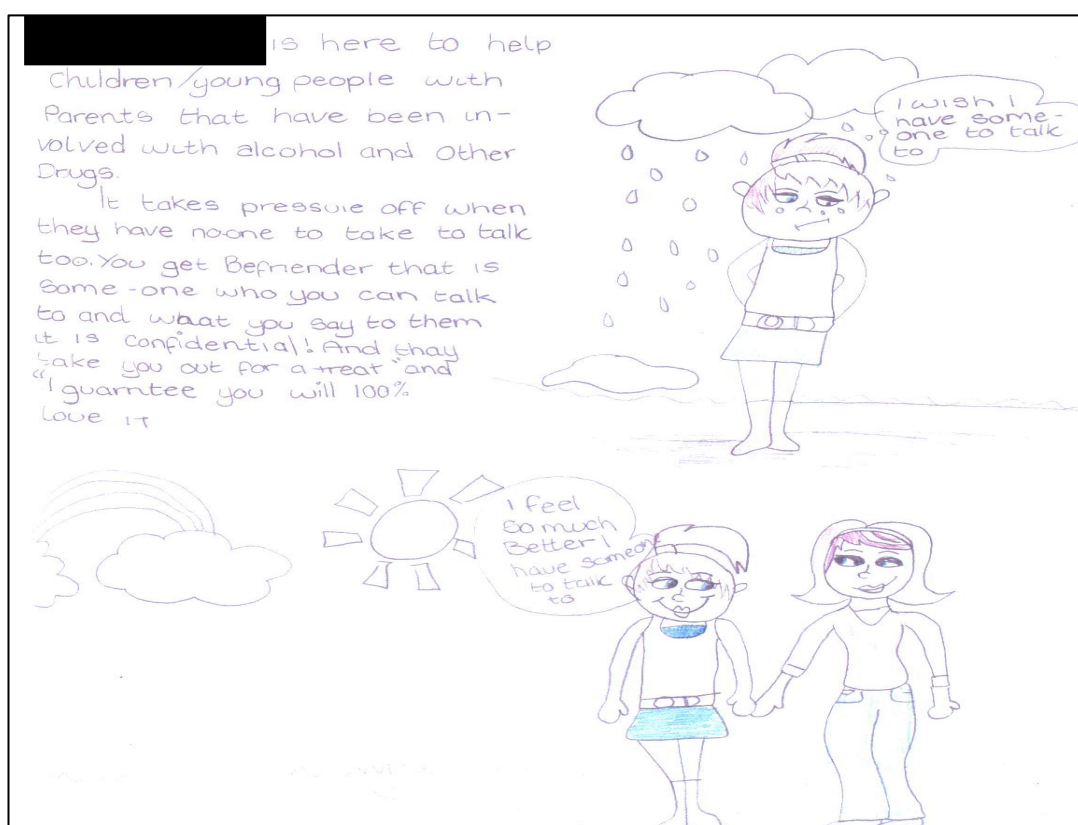


Figure 13: Christina's poster

Explaining 'why' you might trust another person depends on many factors in a specific context; however, a 'leap of faith' is still required (Möllering, 2006:105). This uncertainty appeared to be reduced when participants felt they 'knew' the person meaning the risk was decreased. Friendships were often described in these terms: Kerry-Marie felt that friends that she had 'known a long time' might be trustworthy. In evaluating the Good Ideas groups in the final session, some of the girls explained how they had decided to talk to me more as the weeks progressed perhaps indicating a development of trust. Not knowing a person made a decision to trust them much more problematic, as Christina explains,

‘I wouldn’t talk to her at first because you couldn’t trust them because they work for the social worker and like that doesn’t mean you can trust em because someone like that you don’t know like.’

Christina is keen to highlight that it was because she did not know the person, rather than simply just working for social work, that affected her view on trust. Jessica and Rob both said they did not ‘know’ their social workers creating an uncertainty about whether or not they would talk to them. Coincidentally though, both Jessica and Rob talked about a particular teacher who they felt knew about their home lives and were understanding. The issue of reciprocity may affect trust. Bart felt that teachers should not expect you to confide in them when they shared little of their own personal lives for example, not telling you if they had a child. In comparison, Scott shared his more extensive knowledge of his teacher (for example, her father’s ill health).

Taking time to listen to children and young people requires respecting the pace at which they may chose to share different aspects of their lives. The Good Ideas groups felt ‘not being made to talk’ was a valued characteristic of an adult. ‘Get to know us’ is a key principle of the The Charter developed by children and young people (aged 7 to 18 years old) as part of the Scottish Executive (2004b) child protection reform programme. In my fieldwork, Elizabeth said ‘get to know us, not just the problems!’ Part of the process of getting to know each other often involved discussions about hobbies and interests. Many participants spoke about the value of doing activities at the voluntary service and having trips out. Luke and Homer chatted animatedly about a trip to the beach and Rob enjoyed a group activity mountain biking. Activities could be a way to develop a relationship with practitioners and others in the service. When Audrey first came to the service she made some pottery with a practitioner which she enjoyed and began to feel more comfortable in doing this with one other girl and then she joined the group. Having a physical space in which to socialise with friends was regularly commented on as important with some specific comments about ‘getting out of the house’ and, as Homer felt, ‘it keeps me off the streets’. In returning to Elizabeth’s comment, the involvement in different activities may be a way to demonstrate respect for each other and show a genuine understanding of their lives. Although it would be difficult

to identify specific traits, humour was highlighted as a positive quality in relationships. Ewan liked his teacher, 'he's funny'. After watching a scene of Amy's story where Amy falls asleep on her desk, Jessica suggests an alternative response from the classroom teacher:

'Yeah well it isn't her fault cos she need to teach what she needs to teach but she could have just done 'Amy, Amy you tired? Is your seat your bed?' Like make a joke out it or something because that makes children laugh.'

In Butler and Williamson's (1994) study of children's worries and concerns, humour was an important quality sought in children's interactions with professional adults, even when serious issues are involved.

### ***6.4.3 Confidentiality***

Many studies have found that concerns about confidentiality affect children and young people seeking support (Franks and Medforth, 2005; Freake, et al., 2007; Mullender, et al., 2003). A third of children phoning ChildLine, who were worried about confidentiality, expressed a specific concern about the confidentiality of potential support services (ChildLine Scotland, 2006). Vincent and Daniel (2004:169) consider whether there can be 'space for negotiation' where children can seek help without resulting in immediate investigations although they reflect that this would not be possible in the current system (with the exception of ChildLine). Confidentiality was a significant concern for many participants. Elizabeth even questioned my suggestion to send feedback information in the post in case the postman read it. There were some parallels to participants' experiences of confidentiality within services suggesting a familiarity with the prescribed limitations. For example, Taz and Ash in the Good Ideas Group A,

Taz: You can speak to them [service] cos they won't tell anybody

Ash: It's confidential

Taz: Like if we speak to you it's confidential

This principle of confidentiality was found in friendships. In a one-to-one interview with Bart, he tells me, 'a good trustor is someone who is good at keeping secrets that you've got'. Hence, many participants were aware of the role of confidentiality in developing trusting relationships.

The right to privacy was raised in a variety of ways throughout the study. After watching Amy's story, almost everybody was critical of the teacher who asked Amy if she was okay in front of the rest of her class. Many, including Jessica, suggested that the teacher talks to Amy alone,

'I think yeah 'are things okay at home?' and she goes yeah. She would of obviously told her but she was a bit scared to. I wouldnae ask her straight out the class, I'd get her on her own to talk in private.'

The provision of a private space to talk was a factor for some participants in the study. Rob simultaneously demonstrated his right to privacy in telling me he would go to talk to his guidance teacher after class but he did not want to talk to me about those discussions. Furthermore, there was an expression of 'making time' for children and presenting an opportunity that they could chose to talk privately if they wanted to.

## **6.5 Dynamics of trust**

### ***6.5.1 Managing uncertainty***

For trust to occur, there has to be an element of vulnerability; a trust in the unknown and uncertainty of 'what if' (Möllering, 2006). After watching Amy's story, Jessica expresses her disappointment in Amy's class mate,

'I though she was like thinking 'I hope things are okay at home for her' but then she turned out to be a bully.'

This uncertainty about how others may react was one of the dilemmas facing children and young people. However, there was an awareness of this risk though and some reflections on taking this risk. As I stated earlier, Claire reasoned that telling her friend about her Mum's alcohol use was justified as her friend may question why she could not come to stay at the weekend. Therefore, Claire decided to take this risk and trust her friend with this information. This appears to reflect a conscious choice but even this may be regretted. Ash shared that she was crying when she told her friend and she is now unsure whether or not her friend will tell other people. She demonstrates an awareness of the time considerations for trust, 'she hasn't told anyone... yet'. It may be that the greater the perceived risks of trust being broken, such as being bullied, the more precarious the decision to trust.

For some participants, the decision to trust may be too great. Although the importance of individual relationships was often shared, there remained a question over whether or not participants actually confided any worries and concerns. As Sam told me, he wanted to help other people with their problems but did not want to share his own, 'it makes me feel weak'. As other trust researchers have reflected, there is a gap between the 'felt and enacted trust' (Brownlie and Howson, 2008:11). An NSPCC study with 190 children and young people found 'a deep rooted scepticism amongst children and young people about the capacity of others to provide relevant or acceptable advice and support' (Butler and Williamson, 1994:69). Over a quarter of participants had not spoken to anybody about their worries and concerns and as an eleven year old stated,

'Keep it to yourself, that's the best way. Don't trust other people, they blab man. They tell other people. And then they laugh at you (boy, 11)'  
(Butler and Williamson, 1994:70).

The involvement of the 30 participants in voluntary services and their engagement in the research study would suggest that they were more likely to talk to somebody about their worries. However, it should be considered that the language of trust was frequently used by service practitioners in describing their relationships with families and this may influence the narratives of participants. Alesha's concern about confidentiality in a research study may be shared by those involved in services.

### **6.5.2 *Fractured trust***

Trust has been seen as problematic in families that experience particular difficulties (Hardin, 1993). The study found that some of the children and young people had experiences where trust had been affected in a relationship but primarily these involved friendships and adults in social welfare services. This does not mean that they did not have experience of this within families, but they chose not to share this information. Given the loyalty issues associated with Bart and Jim's declarations of trust this is understandable. As I have discussed, some participants shared experiences of trusting relationships with friends ending due to a betrayal of trust. Kevin and Hayley gave an impression that they no longer would trust a social worker from their previous experiences at Children's Hearings. Imogen and Audrey discussed a number of different practitioners in the service over a period of years that

affected their relationships. This process could lead some children and young people deciding not to develop trusting relationship with the anticipation that practitioners would ultimately leave. As Newman and Blackburn (2002:8) highlight, 'the transient involvement of a professional is unlikely to be a good exchange for a lifetime commitment from family, friends or kinfolk'. However, a significant number of participants had lived with many different family members and, in some cases, these were at considerable geographical distances. Equally, family relationships could be unpredictable and lead to premature ending of trusting relationships. Bart and Paige both revealed their closeness to grandparents who had recently died. Some parents restricted access to family members at different times that could affect this source of support.

Alesha was fairly vocal about her distrust of me in the research study. As part of the negotiated agreement with service providers, disclosures of abuse or significant harm would be discussed with the participant and shared with a nominated professional of their choice (anticipated to be the service practitioner or manager as appropriate). In Good Ideas group, Alesha said 'I don't think that's right cos you'd be betraying my trust if I told you something and then you told someone else'. I tried to explain how I would talk to young people about this first so they could decide whether to talk to me or not and she replied, 'oh well then I just wouldn't talk to you'. As others have found (see Williamson, et al., 2005), children and young people may be inhibited from participating in research due to these protocols thus, further silencing their experiences. One of the Good Ideas groups chose not to be recorded until the final sessions though I often checked at the start of an activity. On one occasion, I absent-mindedly put the audio recorder in the back pocket of my jeans after the group had decided not to be recorded; later on Alesha saw the recorder and asked if I had been recording them. Trust may be developed but it too is fragile. Of course, mistrust is much more likely to be reflected through the unspoken, the silences and the body language that are even more difficult to interpret. Other examples of trust included Ash asking me at the end of a group to disregard part of a recorded conversation. From my interactions, I suggest that participants had differing and dynamics levels of trust in our relationship dependent on the specific time and place.



### 6.5.3 Cultural context

Participants' narratives often suggested trust in a named individual and mistrust of a system. Understanding the multilayered trust from a sociological and anthropological perspective requires an understanding of the context,

‘...even when we think we are trusting just one person, we, and the person in whom we invest our trust, are embedded in a network of interpersonal, institutional and system relations’ (Brownlie and Howson, 2008:4).

The importance of trust, with sometimes an implicit assumption that children of problem alcohol users lack trust, is frequently given a status within child welfare literature. Trust and the absence thereof can easily be attributed to an individual rather than the system in which it operates. To illustrate this point, I draw from Jack's (2000:704) critique of the individualisation of resilience in social work practice where,

‘Insufficient attention continues to be given within social work policies and practices, to the structural and environmental factors that are at the root of most of the problems experienced by families.’

He argues for an ecological approach to resilience but in applying the term there is an almost exclusive focus on the individual. Thus, work on resilience in social work practice focus' on the micro rather than the macro level arguably directing agency towards those experiencing adversity rather than at the agency of those able to affect the wider structural changes. Gilligan (2001:6) warns that ‘a social resilience perspective most definitely does *not* seek to place the burden of rescue/recovery/rehabilitation/change onto the victim of adversity’. Yet, I would argue that this may be happening in practice particularly with the emphasis of action being centred on the child (for example, taking part in resilience ‘boosting’ programmes). This argument is salient for understanding perceptions of trust where frequently an individual is perceived to be deficit. What is surprising is the absence of a consideration of trust in the system despite the common finding that parents and children are worried about being removed from the family home.

Trust in the services of professionals can be understood as ‘others acting in our *best interests*’, for example, in a health care setting (Brownlie, 2008:20). The mantra of

‘best interests’ is enshrined in child welfare legislation, policy and practice guidance; yet rarely is ‘best interests’ framed as a position of trust from the point of view of the child or young person themselves. As one fourteen year old girl poignantly questioned in a study on children and young people’s personal problems and perceptions of support, ‘it’s all out of books. How do they know your ‘best interests’ when they don’t even know you?’ (Butler & Williamson 1994:76). Therefore, to a trust a professional implies that you trust that they will have your ‘best interests’ at heart. Understandably, given the common worry that talking about a parent’s alcohol use may result in becoming ‘looked after’ by the state, there may be differences of opinion on what their best interests are. Many of the participants made an active decision not to talk to social workers due to the perceived negative consequences for themselves and their families. I would argue that this should not be interpreted as an inability to trust (and indeed, participants had these relationships in informal support relationships) but an ability to discern who to trust.

## **6.6 Conclusion**

Trust mattered to children and young people in many different guises; yet trust remains difficult to grasp. Similarly, trust matters to (most) researchers. This is unsurprising as trust matters in social relations (Baier, 1986; Bok, 1978). The uncertainties remain in actually making sense of what trust really is. Thus, reducing trust to a variable is tempting given the complexity of trust as a process (Khodyakov, 2007). Explaining trust as a relationship between trustor and trustee is also tempting; drawing from the findings often reveals the language of trust in these terms (for example, Jim trusts his Mum and Tamara trusts certain friends). Yet, herein lays an inherent danger where trust relationships are understood devoid of any social context or as an individual personality trait. As Lewis and Weigert (1985:976) argue, ‘it is often far too simplistic to ask whether an individual trusts or distrusts another person or government agency. One may trust in some respects and contexts but not in others’. Furthermore, these declarations may be attributed to the personality of the individual participant reflecting ability (or a stated intention) to trust. Psychologists may attempt to measure or assess children’s trust though, in a review of the literature, authors conclude that no measure ‘recognises the complex nature of the

construct and reflects a developmentally appropriate definition for trust in childhood' (Bernath and Feshbach, 1995:6). Making sense of what participants actually meant in using the term trust still remains a challenge. Hence, I understand an insight of trust, even a sentiment of felt trust but I must be careful of the limitations of my own understanding of the context. In Chapter 8, I provide a full summary of this chapter as part of a more developed critique of the thesis (see Section 8.2, pages 209-10).

One hitherto unaddressed point is the presumption that trust is a positive and attainable state of relations. In the pursuit of trust, it may be some ethical concerns are overlooked. For a researcher with a time and agenda limited relationship, is trust a desirable state? What are the consequences for participants in trusting? Is it morally justifiable? Can the presence of mistrust be a positive and protective factor for children and young people? In consideration of some participants' emphasis on time to develop relationships, this raises further questions about the likelihood of trusting a researcher in a very short space of time. The advantage of conducting qualitative research over a longer period of time could be illuminating in further exploring the negotiations and dynamics of trust.

## CHAPTER 7

### STIGMA AND UNDERSTANDING CHILDREN AND YOUNG PEOPLE'S EXPERIENCES OF DIFFERENCE

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‘Shmuel turned just as Bruno applied the finishing touch to his costume, placing the striped cloth cap on his head. Shmuel blinked and shook his head. If it wasn’t for the fact that Bruno was nowhere near as skinny as the boys on his side of the fence, and not so pale either, it would have been difficult to tell them apart. It was almost (Shmuel thought) as if they were exactly the same really.’  
Extract from *The boy in the striped pyjamas* (Boyne, 2006:204)

#### 7.1 Introduction

Since the classical sociological work of Erving Goffman (1963), *Stigma: notes on the management of spoiled identity*, the concept of stigma has been used extensively to explain the construction and experience of individuals and groups who are ‘marked as different’ (Green, 2009; Heatherton, et al., 2000; Link and Phelan, 2001; Yang, et al., 2007). Link and Phelan (2007:367) offer a revised sociological conceptualisation of stigma where ‘elements of labelling, stereotyping, separation, status loss, and discrimination co-concur in a power situation that allows the components of stigma to unfold’. The concepts of stigma, secrecy and shame permeate the literature describing families affected by alcohol and drug use (see for example, Cleaver, et al., 1999; Gillan, et al., 2009; Kroll and Taylor, 2003; Velleman and Templeton, 2007). Indeed, they appear to be almost a mantra in any introduction to researching this area. I suggest that this application of stigma requires further explanation; I argue that there is a risk in presuming that *all* children and young people experience or perceive stigma, thus homogenising their experiences, as well as our understanding of stigma. This chapter explores children and young people’s subjective experiences of stigma when a parent experiences a problem with alcohol. Yang and colleagues (2007) highlight the limitations in the use of survey methods and psychometric tools to understand the concept of stigma and propose that stigma requires an embedded qualitative research approach. My interest here is not simply to show that children and young people affected by parental alcohol use may experience stigma by association, as arguably others have already highlighted (Bancroft, et al., 2004; Gillan, et al., 2009; Laybourn, et al., 1996); instead, in understanding stigma as

inherently relational and situated in context, I explore the differences, complexities and anomalies of stigma as experienced by children and young people.

This chapter is divided into four main sections and builds on the previous three findings chapters to allow for a greater conceptual discussion. To provide a context, the first section briefly outlines how the concept of stigma has been applied to adults with alcohol problems and, more specifically, problematic alcohol use in families. I also share my experiences of fieldwork indicating that perceptions of stigma existed. In the second section, three examples illustrate children and young people's perceptions of stigma: fear of being treated differently, fear of bullying and fear of being 'taken into care'. I argue that *perceptions* of stigma are central in understanding children and young people's experiences when affected by parental alcohol use. In the third section, I present three interconnected approaches used by children and young people to manage, or minimise, the anticipated stigma experienced if parental alcohol use is known. This reveals the agency of many children and young people in negotiating what is known about them, yet highlights the limitations they face through power differentials. For a minority of participants, one approach involved creating a sense of belonging with other children and young people in the voluntary service and developing a collective voice. In the final section, I share critical reflections on the limitations of using the concept of stigma to understand children and young people's lives when living with parental alcohol use. This concern centres on the application of the concept rather than theoretical misgivings about the concept itself.

## **7.2 Constructing stigma**

### ***7.2.1 A source of stigma***

The meaning of the word stigma is derived from the Greeks who would use 'signs' or 'marks' on the body, such as branding a criminal, 'to refer to bodily signs designed to expose something unusual or bad about the moral status of the signifier' (Goffman, 1963:11). As Chapter 4 outlined, children and young people used a variety of terms interchangeably to refer to parental alcohol use: alcoholic, alcohol abuse, alcohol problem, drinking, drink problem, 'drunkie', 'steamer', 'on a bender'

and ‘on the piss’. Link and Phelan (2007:370) argue that one of the components of stigma involves using a label as a description for the whole person; for example, ‘a person *is* a ‘schizophrenic’’ rather than a person *has* schizophrenia. From the fieldwork, there was an awareness of the negative consequences of being labelled an ‘alcoholic’. After watching Amy’s story, Bart queries Amy phoning a telephone number for an alcohol service on a poster:

Bart	How do you know it’s a real line?
Louise	So how do you know it’s a real what sorry?
Bart	Line. Like a real place rather than people just putting it up for a laugh to see who’s alcoholics

The implicit suggestion was that the (telephone) line could be a joke to be able to ridicule people with alcohol problems in the community. Bart also indicates here that alcoholics may be hidden in the community and there may be wider interest in knowing who is an alcoholic. During one of the Good Ideas group, Elizabeth, Alesha and Michelle create their own version of Amy’s Story; Elizabeth plays mum who they describe as ‘an alcoholic’ who shares her frustration with a health visitor: ‘All the people round here are alcoholics, I want a good life for my daughter!’ Bart and Elizabeth’s comments are an example of Goffman’s (1963:14) hypothesis that alcoholics are ‘blemished individuals’ that are *discreditable* when the difference is known.

Hinshaw (2007) argues that, in the case of mental illness, there is often a mistaken presumption that a condition is permanent, as is the stigma associated with the illness. Similarly, children and young people in my study shared the diversity in their own families’ historical and current use of alcohol and access to various treatment services (see Section 4.2.2.) providing an insight into the changing dynamics of parental alcohol use. As discussed in Chapter 4, Section 4.2.1., the term ‘alcoholic’ was used to describe the historical use of alcohol by parents; as Paige illustrates, ‘my mum was an alcoholic, she’s not really an alcoholic now’ as she reasons that her Mum now drinks a much smaller daily quantity of vodka. Whereas in the present tense, Paige described her mother as *having* an alcohol problem, thus this may reflect that alcohol use does not define the whole person and may in turn be construed as

less stigmatising. Furthermore, it suggests a temporality of experience which may reflect the optimism many shared that parents would change their drinking behaviours in the future. As is suggested in children and young people's use of different terms and range of differences in parental current and historical alcohol use, simply using problematic alcohol use as a marker of stigma reveals a very narrow understanding of their experiences. However, as becomes very apparent within the literature the use of attributes or labels are commonly used to discuss stigma. For example, in a review of 18 conceptual models of stigma and prejudice, Phelan, Link and Dovidio (2008) found 162 articles on stigma most frequently focused on the attributes of mental illness (38%), followed by other illness/disability (22%) and HIV/AIDS (16%). It may be considered that Goffman's own emphasis on the relationality and social context needed to understand stigma may have been selectively overlooked in the application of the concept of stigma (for a further critique, see Link and Phelan, 2001).

### ***7.2.2 Courtesy stigma: Affected by parental alcohol use***

Children by virtue of their relationship to a parent may experience 'courtesy stigma', thus 'carry a burden that is not 'really' theirs' (Goffman, 1963:44). As highlighted earlier, previous research studies have repeatedly reported children and young people experiencing stigma as a result of parental alcohol use. In an international literature review exploring parental substance misuse, children and young people were frequently reported to be reluctant to talk outside of the family due to 'loyalty, fear (of nothing being done), the reactions of others, shame and stigma' (Templeton, et al., 2006:24). These findings were supported in an NSPCC ChildLine and Scottish Health Action on Alcohol Problems (SHAAP) study analysing datasets of children's calls to ChildLine where parental or significant carer alcohol use was raised as a concern;

'Guarding secrets about parental harmful drinking was important to children because of the stigma associated with it, evident also in children's calls about bullying and peer relationships. A number of counsellors identified social stigma and secrecy as a specific concern where children were from professional, middle class families' (Gillan, et al., 2009:40).

Not talking about parental alcohol use and the associated problems was common; just over a third of children phoning ChildLine (35%) had told no-one else about parental alcohol use and, for those that had, most frequently this was a friend (ibid.). Gillan and colleagues (2009:40) suggest that due to fears of causing problems for the family and being taken into local authority care, 'keeping problems hidden from public view' is a form of coping with the situation. A Scottish think tank report, *A matter of substance? Alcohol or drugs: Does it make a difference to the child?* led by the child welfare organisation Aberlour, reported a consensus amongst service providers that stigma was a common issue surrounding parental alcohol and drug use; they highlighted, 'it increases isolation, secrecy and shame. It can affect children's willingness to talk about their parent's problems even to services which are working with them' (Aberlour, 2007:6). Therefore, there is already recognition that children and young people may experience stigma due to, or in association with, parental alcohol use.

In a Scottish study of children affected by parental HIV, 13-year-old Jane explained to the researchers that she saw the negative consequences of people being 'horrible' to her friend (and her friend's mum) when another friend told other people about her friend's mum's HIV status; she reasonably states, 'I dinnae want that to happen to me or my mum' (Cree, et al., 2004:15). In considering courtesy stigma, children and young people affected by parental alcohol use, like Jane, can be *discreditable*, when 'it is neither known about by those present nor immediately perceivable by them' rather than those that are immediately *discredited*, when 'his differentness is known about already or is evident on the spot' (Goffman, 1963:14). This suggests that perceptions of how other people will react to knowledge of parental alcohol use will influence whether or not children and young people choose to share any details of their family lives. In a British community study of people with epilepsy, Scambler and Hopkins (1990) identified a distinction between *felt* stigma (an anticipated fear of encountering enacted stigma) and *enacted* stigma (actual discrimination). The researchers found that whilst ninety percent of those interviewed described felt stigma, only a third reported enacted stigma (Scambler and Hopkins, 1990:1193).



This distinction is rarely considered in the wider literature for children and young people affected by parental alcohol use but may prove to be insightful.

In my first meeting with one of the Good Ideas groups, Elizabeth advised me to, ‘get to know us, not just the problems’. In requesting that I get to know her and the rest of the Good Ideas group, she makes a distinction between her own self and ‘the problems’. As this service’s remit was specifically to support families affected by parental alcohol use and given my stated research interest in alcohol use in the family, it appears reasonable to assume that ‘the problems’ in this case are those associated with parental alcohol use. Thus, in her attempt to separate herself (and her fellow participants) from parental alcohol use, she simultaneously reveals that the morphing of self and parental problem has been, in some circumstances, her experience. In a study of parental HIV, Cree and colleagues (2004) suggest that the experiences of children become so close to that of parents, the courtesy aspects of stigma becomes redundant. Elizabeth is actively resisting being defined by ‘problems’; however, are they, as Cree and colleagues (2004) imply now her own problems or those of her parent? This provides an insight into the complexity of understanding a courtesy experience of stigma. Furthermore, I wondered whether some children and young people felt defined by parental alcohol problems through their participation in the voluntary services and this may not be the case outside of the service. If this is the case, recruiting via these services will undoubtedly affect my understanding of stigma. I return to these considerations later in the chapter; here I demonstrate that from my data, notions of courtesy stigma are problematic and a presumption of courtesy stigma may be misleading.

### ***7.2.3 Encountering stigma***

In understanding stigma as relational and context specific, the reflective experiences of a researcher can provide further insights. Previously, I have considered the role of emotion and the researcher’s ‘felt sense’ that can form an important part of the analytical process in qualitative research (Bondi, 2005:444). I return to this here due to the pertinence of my own ‘felt sense’ at different stages of this research study that further informed my understanding of stigma, not least in the relationship between participants and myself situated in a research setting. When I discussed the

knowledge of gatekeepers about alcohol use in the family compared to drug use, I found that many practitioners felt problematic alcohol use was more difficult to discuss with parents due to issues of legality and social acceptability (see Section 3.4.1). A concern about being perceived as ‘judging’ parents seemed pertinent for some practitioners in how they worked with a family. The majority of practitioners, although positive about the research study, were apprehensive about the reaction of the family and perhaps concerned that the invitation could jeopardise their established relationships. One practitioner was worried about what language I would use when talking to a Mum and her two sons and was keen that I spoke generally about alcohol use rather than specifically parental alcohol use. Practitioners were also concerned that children and young people may become upset by being invited to participate in the study and, in some cases, chose not to invite certain children in explaining it would be ‘too sensitive’. Thus, at the recruitment stages there were some indications that alcohol was stigmatised, had elements of secrecy within these families, and a ‘differentness’ was being constructed by gate keeping professionals.

As discussed in Chapter 3, the research was developed with the Good Ideas groups to minimise any sense of difference and potential stigmatisation associated with participating in the study. It was their informed thinking that led to subsequent recruitment through voluntary agencies, rather than via schools, where there was a greater concern that those participating could be marked as ‘different’ by their peers and experience negative consequences. In a discussion about talking about the research at a secondary school, Alesha told me, ‘no offence but I wouldn’t talk to you’ due to her concern about her peers’ reactions (see Section 3.2.7). The Good Ideas groups also shared some of their anxieties about talking to a researcher, providing an unexpected insight into their perceptions of stigma. Their stated concern about our interpersonal relationship, (for example, if I would ‘judge them’, not understand, betray their trust, not really listen), and the wider consequences of participating in the study (most specifically, that I would tell parents/services what they said, peers would find out) gave a practical example of felt stigma. Thus, in listening to the anticipated concerns of the Good Ideas groups and service

practitioners, I attempted to develop a research approach that recognised, whether by setting, timing, activities and relationships, the potential of stigma.

In reflecting on the need for multiple perspectives when researching stigma, Yang and colleagues (2007:1533) suggest that revealing stigma may be ‘felt as too threatening’ and consider that ‘close family members may be more attuned to and willing to report stigma experiences’. Whilst this is a valid point, it may overlook the complexities surrounding children and young people’s relationships with parents and perceived consequences of sharing information. It should also be recognised that experiencing or perceiving stigma is likely to be upsetting and understandably children and young people may choose not to share these accounts with myself. The eldest participant in the study, Luke indicated that his knowledge of alcohol may not be appropriate, ‘you wouldn’t want the answers for the (alcohol) bottle anyway’; although I reassured him that I would, he responded ‘nah, nah it’s alright’. This suggested that Luke (and perhaps others) felt they had too much knowledge about alcohol; as Jim more directly stated, ‘I ken too much about alcohol’. Methodological insights came through the numbers of children and young people who, at different times, temporarily opted out of the research through the options provided (using the ‘chill out’ space, a magazine, changing activity), as well as using their own initiatives (going to the toilet, going to the look out of the window, starting a new unrelated discussion). In respecting participants’ right to opt in and out of research freely (Alderson and Morrow, 2004), it should be considered that participants did use these opportunities, as well as creating their own. Of course, this may reflect boredom, disengagement from the study or simply being distracted but the timings and reactions are more suggestive that the topic of parental alcohol use even to be discussed in a general sense was, for many, difficult. Furthermore, Scott, Kyle, André, Sam, Tamara and Kerry-Marie did not share any details about their own parents’ alcohol use at any stage of the study (see Chapter 4, Section 4.4.2). However, there needs to be an analytical leap to attribute these findings to stigma; this in turn, illuminates the challenging reality of the application of the concept.

## 7.3 Living with stigma

### 7.3.1 *Fear of being treated differently*

In one of the Good Ideas groups, Claire declared ‘I told my friend and she didn’t treat me differently’. This was met with approving nods of Rosie, Taz and Christina. Ash added that she too had told a friend, but was uncertain whether or not she had told other people. The girls exchanged glances appearing to be uncertain of their responses.

In the above discussion, there appears to be an expectation that knowledge about parental alcohol use could be used as a reason to treat a person differently. Claire’s reassurance that she wasn’t ‘treated differently’ offers an insight into her initial uncertainty of her friend’s response after sharing details of her mother’s alcohol use. Difference, in this case, can be presumed to be negative, hence Claire’s relief when her friend did not treat her differently. However, Ash’s contribution provides the uncomfortable reminder that her friend’s reaction to knowledge about parental alcohol use is unknown. The girls’ responses to Claire and Ash in this instance are revealing: Claire represents the positive, the hoped for outcome of prevailing, unchanged or even strengthened, friendship to which the other girls are enthusiastic; in contrast, Ash has shared the worry, the unknown response of a friend, hence her uncertainty has been exposed. This example demonstrates the need for a contextual understanding of stigma; for Claire, her mother’s alcohol use is not constructed as stigmatising in this particular friendship, although this may change over time.

Out of the 30 participants, nobody shared an experience directly or indirectly that parental alcohol use was widely known at school and in the community without any negative consequences. This differs to Cree and colleagues’ (2004:18) Scottish study of parental HIV, where a small minority of young people were ‘being open’ about parental HIV; researchers found ‘growing up and leaving school’ and parental participation in a support group were factors in openly disclosing. As Scambler and Hopkins (1990) found, sharing fears about other people’s reactions were much more common than actually sharing accounts where they were treated differently as a result of parental alcohol use being known. Many children and young people shared uncertainties of how friends, peer groups, teachers and other adults would react

towards them if parental alcohol use was known. As appears to be the case for Ash, living with this uncertainty could further contribute to their feelings of anxiousness about parental alcohol use (see Section 5.3.1). This fear of other people's reactions if parental alcohol use was known I suggest is an indication of perceived associated stigma. However, it should also be considered that the majority of children and young people are concerned about being treated differently from their peers (Adler and Adler, 1998; James, 1993).

As discussed in Chapter 6, a number of children and young people had shared details of parental alcohol use with a friend, grandparent, teacher, social worker and service practitioner with recognised advantages and disadvantages in other people 'knowing' about parental alcohol use. It was recognised that positive individual reactions to knowing about parental alcohol use could still result in negative consequences. For example, there was generally a positive view of how teachers would react if parental alcohol use was known and a perception that this could increase their understanding of why sometimes participants were late for school, unable to complete homework or were tired. The greater concern was that as a result of this knowledge, peers would become aware that they were being 'treated differently' by a teacher and this may 'mark' them as different. Rosie gave an example of how a teacher regularly asked her 'are you okay' in front of her friends that had caused some awkward questions. For many, they preferred not to take this risk, thus not share any aspects of family life with a teacher. Imogen, Audrey and Stephany recognised the possible contradiction that could arise: they did not want to be treated differently by teachers, and simultaneously, they wanted teachers to show a greater understanding and sensitivity recognising their home lives. Imogen suggested that teachers should receive training on what it is like for children and young people who live with a parent with an alcohol problem.

Why did children and young people feel they would be treated differently? In Chapter 4, children and young people's multi-layered understandings of parental alcohol use provided some insights into why participants may have felt they would be treated differently by others if parental alcohol use was known. Within their own

narratives, glimpses were given of how others may perceive their situations. The excessive use of alcohol was described by some children and young people in terms of an individual's lack of control ('they don't know when to stop') and the absence of 'caring' about the family; I tentatively suggest that amidst the understanding there is also a perception of blame for being unable to stop drinking. In Lloyd's (2010b:65) review of stigma towards drug users, he argues that compared to other stigmatised groups (such as people with a disability or mental illness), 'blame lies at the heart of their stigmatisation'. In the Scottish Social Attitudes Survey 2007, almost half (47%) of the adults surveyed agreed with the statement 'most people with serious drinking problems only have themselves to blame' showing an increase on the previous Scottish Social Attitudes Survey 2004 where around a third (34%) agreed with the statement (Ormston and Webster, 2008:13). Although there is no comparable survey with children and young people's attitudes, a Scottish study exploring how children's knowledge about alcohol found displays of drunkenness in the community were more frequently viewed as entertainment to be watched and laughed at, although were occasionally a source of fear and anxiety (Eadie, 2010). The complexity of understanding stigma was revealed when these perspectives towards alcohol were also held; after watching Amy's story, Homer suggested a new version in which he 'plays the drunkie' because 'it would be funny'. As Luke further contributes that 'drunkies' are 'old and grumpy' he successfully distances this 'drunkie' character from his own family experience. Although distinctions can be made between different types of alcohol users, the anticipated risk is that this difference is not considered by others; children and young people in the study face the possibility that knowledge about their parents may result in being laughed at or ridiculed. This leads me to consider another important finding: the fear and experience of bullying.

### ***7.3.2 Fear of bullying***

Overwhelmingly, there was a view that general peer knowledge about parental alcohol use would lead to various kinds of bullying. In Chapter 4, Section 4.3.5, I highlighted how some children and young people talked about the impact on their own lives without necessarily 'naming' parental alcohol use. Homer, Jessica, Paige, Audrey, Rob, Stephany, Homer, and Rob all directly talked about being bullied at school and in the neighbourhood. In one of the more personal accounts, Rob told me

he no longer goes to school, 'I don't like it too much. I get bullied all the time by everyone except by my mates' and made a direct association between his Mum's alcohol use and the bullying, 'because that's what I got slagged for'. Christina felt that children can be 'scared' to come to school because of bullying. In ranking statement cards (see Appendix 6 for a full list of activities used in the Good Ideas groups) with Rosie and Ash<sup>22</sup>, bullying was considered to be their biggest worry followed by parental alcohol use and 'what other people think'. Furthermore, in watching Amy's story, there was a shared expectation that Amy would be bullied if her Mum's alcohol use was known in her peer group. Taz explained why Amy did not tell the teacher the reason why she was late for school: 'she maybe think that the people who are bullying her at the start will bully her even more if she tells it in front of a teacher and all the class'. Thus the potential of being bullied was a very real concern for many of the participants. At one of the Good Ideas groups, Kerry-Marie told me two girls at school had been 'picking on me' and her Gran is 'going down to school to sort it out'. During home visits some parents and service practitioners spoke about bullying at school or in the neighbourhood when children and young people did not directly share these experiences in the research.

Bullying could also occur due to their appearances or behaviours where parental alcohol use was not necessarily known. In a different scenario, Paige felt she was bullied, not because of her mum's alcohol use, but due to her own behaviour that she partially attributed to Mum's alcohol use:

'It was cos, see round Glasgow road, I'd get bullied quite a lot cos I was always hanging around with the young ones I'd never hang around with my own age and I'd always act younger.'

Only Paige attributed her own behaviour, in 'acting younger' to her experience of her Mum's alcohol use where she felt she tried to 're-act her childhood'. Although an atypical example, it does provide a further insight into the many ways in which children and young people may experience bullying when affected by parental alcohol use. Bullying is widespread in schools (Hunter, et al., 2004; Smith, 2000) and in only a minority of cases was parental alcohol use directly named as the reason

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<sup>22</sup> Only Rosie and Ash wanted to do this activity in the Good Ideas group. Following their feedback and the other girls' lack of interest, I did not use this activity with any other participants.

for bullying. However, there was a strong perception that knowledge of parental alcohol use could be, as Christina said, ‘used against you’. The consequences of ‘knowing’ could be long term; as Rob explained, he responded to bullies at school who laughed at his mum by saying ‘that’s all in the past’; however, the bullying continued and Rob no longer attended school. In a Scottish study of children and young people affected by parental HIV, the potential persistence of stigma is demonstrated where nineteen-year-old Johnny was in a Young Offender Institution when somebody found out his mum had HIV and he had to endure regular ‘slagging’ (Cree, et al., 2004:14). This may have had different consequences for children according to their living arrangements: for example, those no longer living with the drinking parent and live with another parent, grandparents, wider family or having their own accommodation may find it easier to minimise what is known about their family. However, they may face questions about why they no longer live with this parent or if already ‘known’ they may still be taunted.

### ***7.3.3 Fear of being ‘taken into care’***

One emergent theme that is analytically perplexing was the frequently shared view that children and young people would be ‘taken into care’ if professional adults became aware of parental alcohol problems. Could this be considered an example of perceived stigma towards their families? In a discussion following watching Amy’s story, Ronaldinho states parents may not ‘go for help’ because they are scared ‘they’d take kids away’. As discussed in Section 6.2.2., Kevin provided his own more realistic storyline where he describes the social worker coming to the house and taking the children into local authority care. Across other studies, children and young people are often worried that any disclosures are likely to lead to removal from the family home and this is a barrier to seeking support (see for example, Aldridge and Becker, 2003; Gillan, et al., 2009; Kroll, 2004; Laybourn, et al., 1996). The reason I found this perplexing is that all 30 participants, to different extents, were involved in voluntary support services and there was some awareness of alcohol use in the family by at least one professional adult to facilitate their engagement in this research study. This suggests that, even when children and young people are involved in support services that may be addressing alcohol use in the family, there is still a fear that they may be removed from the family.



At the time of the interviews, only Kyle was living in a local authority residential provision, although seventeen year old Sam was in a hostel and twenty year old Luke had just moved into his own flat (see Appendix 1 for participants' living arrangements at the time of the study). During the interviews, Luke, Homer and Rob shared that they had experience of local authority foster care at some stage of their lives and Taz's older sibling lived in a local authority care placement. Therefore, of those that volunteered this information, only a minority of participants did have experience of local authority care. Many more had experience of multiple kinship care arrangements with Kerry-Marie and Jessica living with grandparents at the time of their engagement in the study. There was a clear distinction made between living with extended family and being in a local authority care placement, where only the latter was considered to be 'taken into care'. It is possible that 'care' was presented as an option to children or young people by a social worker at some stage, hence the association. According to Butler and Williamson (1994), many children and young people in the general population held negative views about social workers and shared a perception that any involvement would lead to removal from the family home. Therefore, I can only present some very preliminary thoughts to understand this position.

The recognition of any perceived differences in family life may partially explain why many participants were afraid that knowledge about parental alcohol use may mean they would become 'looked after' by the local authority. As I discussed in Chapter 4, children and young people who spoke about their own parents' use of alcohol were often sympathetic and supportive. This contrasted with discussions after watching Amy's story which appeared to create an opportunity to share some of the more difficult aspects of parental alcohol use. For some, Amy's mum was positioned as an extreme example and this allowed a positive comparison to their own family situations; Bart comments on the number of empty bottles in the film and remarks wryly, 'I dinnae ken if anyone could get any worse' adding, 'my mum was never that bad'. In comparison, Stephany observes one bottle is not quite empty and comments quietly, 'that doesn't happen'. There appeared to be feelings of resentment that Amy's mum either did not have the motivation or ability to seek help; after watching

the film, Jodie is critical that ‘she didn’t bother getting help’ (compared to her mum). Jessica suggests ‘she needs to sort herself out’ and Michelle comments, ‘she’s lying in bed and not coping’. After watching Amy’s story, many participants revealed views on what they thought mothers ‘ought’ to do, such as getting breakfast for children, taking them to school and cleaning school uniforms. It is clear they are critical of Amy’s mum for not doing these things in the story. Jessica said she should be ‘telling them to do stuff and being a proper Mum’. The majority of participants who watched Amy’s story made a comment at some stage of watching or reviewing the film that her mum ought to be looking after the children. In the Good Ideas groups, they produced their own dramas after watching Amy’s story, in all three dramas ‘the child’ made statements about what the mother should be doing rather than them; for example, ‘a thirteen year old should not be looking after a one year old!’ There needs to be some caution in over-interpreting this data, particularly due to the limitation of the story being focused on a mother’s alcohol use rather than a father’s alcohol use<sup>23</sup>. Through using the third person, these viewpoints may reflect their own expectations of a parent and perhaps an awareness of how others may view the family. This reveals the complexity of children and young people’s own experiences; although they are anxious about being removed from their parents’ care, they also raised their own concerns about parents’ ability to care for them and the consequences for their lives. As I go on to discuss in Section 7.5.3., the fear of being ‘taken into care’ may be explained by the feelings of powerlessness about the situation.

## 7.4 Negotiating stigma

### 7.4.1 *Known-about-ness*

Goffman (1963:65) illustrates that for the discreditable, the uncertainty about their ‘known-about-ness’ is a part of understanding stigma. In Chapter 4, I provided a detailed explanation of the ways in which children and young people chose to share information about parental alcohol use; their own strategies of mediating information

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<sup>23</sup> As half of the sample had fathers with an alcohol problem, it could be considered that some of their reflections may refer to their fathers’ drinking behaviours rather than their mothers. One of the limitations of using Amy’s story is the exclusive focus of maternal alcohol use.

were a form of ‘information control’ (Goffman, 1963:57). Attempting to control what was known about them may have been a strategy to manage the uncertainty. Goffman (1963:85) divides people into the ‘knowing and unknowing’ where a few selected people do know and the majority of people do not know. On first consideration of children and young people’s experiences this seems viable as, like Claire and Ash above, they made choices about who to ‘tell’ suggesting that they each had considerable agency. Children and young people’s views on trusting a friend with information about parental alcohol use, involved an essential prerequisite for a friend ‘not to tell’ (as discussed in Chapter 6, Section 6.3.2). In an evaluation of a family alcohol service, children reported being anxious about peers ‘knowing’ about parental alcohol use (Velleman, et al., 2003). What perhaps is not considered is the existence of a spectrum of knowing rather than a polarisation; for example, Christina explained that she had told her social worker ‘some’ details but not everything. Thus, ‘knowing’ is much more complex in experience as friends, family, teachers, social workers and other adults may ‘know’ certain aspects that are shared at particular times but cannot be simply divided into ‘knowing’ and ‘unknowing’.

The limitations of Goffman’s (1963) conceptualisation is the implication that individuals have direct agency over the selection of who knows and an oversight of the power relationships that can exist in the control of information. I now consider three ways in which parental alcohol use was known with potentially little agency of children and young people. Firstly, for those families with social workers and those involved in the Scottish Children’s Hearings System, there was likely to be an awareness of parental alcohol use amongst other adults from assessments of the family. Jessica, who lived with her grandparents, shared her surprise at her head teacher’s attendance at a Children’s Hearing to discuss her current living arrangements. Secondly, in a minority of cases, alcohol use was known outside of the family due to a parent’s own behaviour; for example, two practitioners gave examples of mothers being extremely drunk in the street. In a visit to the family home, Taz’s mum told me that Taz was upset when people on the street called her Mum ‘an alkie’ suggesting that her alcohol use was known in the local community. For the majority of parents, it was unclear whether or not there was knowledge about

their alcohol use within a neighbourhood; this would appear less likely if a parent drank at home (rather than in a local pub or outside). However, there can be high levels of observation in the community as Jim demonstrated by his awareness of who bought Buckfast<sup>24</sup> at the local shop because, as he explained, there were no drugs available. Therefore, parents who bought alcohol regularly from a local shop may be 'known' in the community as having an alcohol problem. Also, the consequences of alcohol use may result in the use of the emergency services, such as the police or ambulance services. On a visit to Rosie's house, her mum explained that the police had been called to the house again due to Rosie's dad being abusive when drunk. In these cases, parental alcohol use could be known without any decision being made by the children and young people and with a very limited ability to control how this information was then shared.

Finally, it may be more likely that parental alcohol use became known due to the impact on the child or young person's life rather than due to the information being directly shared. This could be due to poor attendance at school, being late for school, not completing homework, being tired and unable to concentrate. Physical appearances at school could draw attention to differences; for example, Paige describes a teacher asking her about home 'cos I was comin' in like I'd be all rough and wouldnae clean and stuff'. It appeared that many children and young people were aware that these could be 'signs' of difference and would be noticed by peers and teachers. This required some foresight as Audrey explained she needed to think of plausible excuses for why she was late for school. Thus, these differences had to be minimised. There were some suggestions of more subtle ways of ensuring that any differences were not made apparent; Daniel explained he would not tell his mum about parents' evening at school in case she had a fight with a teacher. Thus, there was awareness and attempts to control the information that was known about them that could be used to discredit them.

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<sup>24</sup> Buckfast is a popular tonic wine with a high alcohol content and a relatively low cost.

#### ***7.4.2 Being normal***

Children and young people often minimise the differences they perceive between themselves and peers to avoid any negative reactions; for example, in James' (1993) school based ethnographic study, children drew pictures of 'my family' depicting having a mum and dad but omitted a perceived difference, such as they do not live together. A Norwegian qualitative study with twenty children who had grown up with a parent with mental health problems, found 'they strive to show that their lives are similar to peers' 'normal' lives (Haug Fjone, et al., 2009:469). The wish to 'be normal' or 'to pass' as normal is an inherent part of experiencing stigma (Goffman, 1963). For some participants, there was an emphasis on 'being normal'; in asking Bart to describe what he likes to do, he responds 'just playing, like typical teenager stuff'. In using a research tool, 'Important stuff to know about me' (see Appendix 6), I became aware of how children and young people used a form of 'impression management' to present their own lives in the context of their peers, rather than their families (Goffman, 1959:219). Participants were often keen to share the things that they liked doing and this often involved more animated discussions. There was a wide variety of activities discussed including wrestling, gymnastics, dancing, swimming, cycling/playing out on bikes, playing on the computer, watching television, listening to music, artwork, going into town, using the internet and reading. Spending time with friends was frequently mentioned and Sam linked 'helping people' to specific friendships. There were a number of football fans with Celtic, Rangers and Dundee United as the specific teams supported; Tamara was excited about her plans for her bedroom to be redecorated using Rangers football team colours. In returning to the earlier comment of Elizabeth, this demonstrates a keenness to 'get to know us'; however, on reflection, the sharing of hobbies and enjoyable activities, could be expected in any qualitative study that aims to know the participants. Although it would have been unexpected, perhaps it is worth considering that in this activity, nobody described themselves in a relationship to their parent; for example, as a young carer. Therefore, the desire to 'be normal' and not seen as different to their peers is common and should not be over-interpreted as an indication of stigma (Adler and Adler, 1998).

Given the above caveat, in a small group discussion with Imogen, Stephany and Audrey, the concept of ‘normal’ was used to show the differences they felt from their peers. In Chapter 5, Section 5.2.2, I shared Audrey’s comment that her feelings are ‘not properly visible to the normal person’ and later in discussion with Imogen and Stephany, she responded to Imogen’s comments about a teacher phoning home, with ‘it’s not normal, they think it is but it’s not’. Here Audrey, with the other girls’ agreement, is suggesting that their family situations are not ‘normal’. In a further example, Audrey explains the advantages of attending school,

‘It just gives you a chance to get out of the house and be like other kids and stuff even if your life isn’t really like that.’

In these narratives, the girls are suggesting that there is a ‘normal childhood’ of which they are contrasting against their own experiences. The use of the ‘normal’ here allows them to talk about the differences they experience. Furthermore, as I discuss in Section 7.4.4., in developing a sense of difference from other ‘normal’ childhoods, they can create a collective experience. Thus, their own experiences become normalised within this group.

### ***7.4.3 Degrees of difference***

During the Good Ideas groups, Elizabeth asked me, ‘what if other kids have worse problems than us?’ This was greeted with a chorus of agreement. At the time, I interpreted this as a reflection of their possible anxiety about the research and responded that I knew that children and young people could have lots of different problems and I was genuinely interested in them, not just the issue of alcohol in the family. Elizabeth seemed reassured and added, ‘so it’s not just the problems’ to the affirming nods of the other girls in the group. Latterly, I have appreciated the subtlety of Elizabeth’s question: in recognising that other kids may have ‘worse’ problems, she highlights the importance of relations as a way in which she makes sense of her own life. This indicates that there is a continuum of problems that children and young people may face of which they place themselves in relation to others. Other ‘problems’ were recognised, such as parental separation and contact with parents, often during discussions about their friends or peer group. Elizabeth is not suggesting that children with other problems are more or less stigmatised, rather

that there are many differences. Furthermore, there was a recognition that a continuum of alcohol problems existed. After watching Amy's story, Ronaldinho reasons that Amy's mum's quick access to an alcohol counsellor was unrealistic as he explained, 'you've got to wait a long [time], cos you can't get help straight away cos there's other people worse'. Therefore, there were considerable subtleties and demarcation of differences being used by children and young people to make sense of differences.

Goffman (1963:131) argues that those facing stigma may still stigmatise others and markedly so; 'it is in his affiliation with, or separation from, his more evidently stigmatized fellows, that the individual's oscillation of identification is most sharply marked'. In many conversations, illegal drug use was talked about in more stigmatized terms than alcohol use (for a good discussion of stigmatised drug use, see Lloyd, 2010b). For example, Homer talked about neighbours who were 'junkies' and 'caused problems'.<sup>25</sup> Jim held very negative views about drug use and was highly condemnatory of friends who used drugs, compared to alcohol. Jim attributed his father's death to drug use and, in comparison, appeared more ambivalent about his mother's use of alcohol. In focus groups, service providers argued that drug use could be potentially more stigmatised than alcohol due to the 'demonisation' of parental drug use (Russell, 2007:6). One of the children in a study of opiate using parents responded that they pretended to friends that their mum had a problem with alcohol rather than drugs (Barnard and Barlow, 2003). Similarly, in a study of parental drug and alcohol use, eighteen year old Graham whose mother was a dihydrocodeine misuser stated,

'I don't know. I'd just wish she [mother] drank...Because people wouldn't call her a junkie' (Bancroft, et al., 2004:13).

This suggests that in children and young people's accounts there is a greater stigma attached to drug use rather than alcohol use. However, it should be noted that there

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<sup>25</sup> The pejorative term, 'junkie' is often used for injecting drug users (often opiate) who experience multiple adversities. Lloyd (2010) argues that 'junkies' are often vilified by the British press and highlights the importance of language in shaping public attitudes. As demonstrated, this term was used by a minority of participants and I repeat this term with caution in recognising that it may cause offence.

was little distinction made between alcohol and drug use in one of the Good Ideas groups (where one of the girl's parents used heroin rather than alcohol).

#### **7.4.4 Belonging**

Goffman (1963:31-32) describes one of the uses of self help groups as providing a 'circle of lament to which he can withdraw for moral support and for the comfort of feeling at home, at ease, accepted as a person who really is like any other normal person'. A minority of children and young people shared the positive consequences of participating in a voluntary service where other people knowing gave them a sense of belonging and collective identity. The co-construction and presentation of these collective identities are particularly illuminating given that the majority of studies with children and young people affected by parental alcohol use have predominately used individual interviews exploring personal life accounts (see for example, Bancroft, et al., 2004; Cork, 1969; Laybourn, et al., 1996). Imogen, Audrey and Stephany chose to participate in the study as a group of three and all attended a weekly group at the service, although there was considerable difference in the length of time they had been involved in the service, from a few months to eight years. Their verbal expressions of sameness formed part of their own group identity and are countered with feelings of difference from their other peer groups. Imogen, with the later endorsement of Audrey and Stephany, shared strong views about their collective experiences:

'It's just you and a bunch of other people that are going through the same thing or have been or whatever's going on they're basically like you, they're just a little bit, the stories just a little bit different.'

Thus, there is a commonality of shared experience, with a recognition differences can exist, through participating in a group programme. The role of the voluntary services in running groups where there is a level of 'knowing' within can be a form of empowerment. In fact, it may counteract the negative consequences of knowing; as Stephany said, she was encouraged to come to the group by her mum as there would be other children 'like me' and 'they won't make fun of me'. Audrey talked about the importance of the voluntary service because 'it's good to come somewhere you know you're not going to get bullied.' Through this sense of belonging, friendships were particularly valued. In Chapter 4, Section 4.3.4, I discussed the



collective voice and suggest that knowing other children and young people are in a similar situation, whether or not the individual wishes to talk about it, can be beneficial. In returning to Goffman's point about the 'un-known-ness', in talking to other young people in the service, this initial uncertainty and often anxiety about the reaction of others was likely to be significantly reduced. It was this element of uncertainty that is important in understanding why developing friendships in the service is so important.

One of the characteristics of stigma is the use of 'us' and 'them'; where 'us' is normal and 'them' is the stigmatised group (Burke, 2007). In my fieldwork with groups, this had been inverted as the girls used 'us' as a collective identity for those using the voluntary service and 'them' referred to others – often adults in positions of authority. The use of the collective was highly insightful in making sense of how some participants developed a sense of individual and collective identity. In a small group discussion between Imogen, Audrey and Stephany about teachers, the girls demonstrate a collective identity: as Audrey said, 'we have a problem and they need to recognise that'. The use of 'we' and 'us' was present in the Good ideas groups and some small group discussions where friendships existed. Some of the groups had been established for many years and at the time I remembered feeling surprised at the length of time some young people had been involved. However, in understanding this perhaps unintentional purpose of the service, the sense of belonging could perhaps explain the longevity and loyalty to these groups.

## **7.5 Stigma and difference**

### ***7.5.1 Representations***

Stigma is most often *about* other people rather than explored *with* the ascribed group. The term 'stigma' is used by academics who are outside of the stigmatised group, to the possible detriment of the experiences of those apparently possessing the stigma (Burke, 2007). This holds a particular poignancy for research on/with/for children and young people. Thus the dilemma, as others have found (see Cree, et al., 2004 for an example of children's experiences of parental HIV), stigma was not a term used by children and young people in my study. This leads me to wonder how my

participants would feel in my imposing this term as a descriptive idea on their lives. In doing so, do I contribute to the construction of stigma? In Section 7.2.2., I highlighted the frequency with which stigma is used for families affected by alcohol and drug use. As Goffman (1963:40) argues,

‘Whether a writer takes a stigma very seriously or makes light of it, he must define it as something worth writing about. This minimal agreement, even when there are no others, helps to consolidate the belief in the stigma as a basis of self conception.’

Thus, is stigma is a fair and accurate concept for understanding children and young people’s own experiences? Undoubtedly for some by their own accounts, but I remain uncertain for others. What about those participants that did not share any details of parental alcohol use or those that did not allude to any feelings of difference or experiences of differences? Is this is a further indication of stigma by choosing not to share any experiences in the research context with myself? Alternatively, is there no perception or experience of stigma to be shared? I realise that I am not providing answers but the need to ask the question may be taken as indicative that the complexities of using stigma with qualitative data may have been overlooked.

The popularity of using the term stigma can be partially explained by the political salience in highlighting the difficulties of particular groups (Link and Phelan, 2001). However, Kleinman and colleagues (1995) critique the use of stigma in the field of disability as it can construct people as ‘victims’ who are in need of a service. I question whether this too is pertinent for children and young people; does even using the concept of stigma construct these children and young people similarly as victims who are marginalised by society? Furthermore, government policy makers, and arguably, lobbyists focus on the need to identify children and provide services rather than the use of campaigns to challenge the stereotypes and subsequent prejudice towards families with alcohol problems. Although highlighting the risk of abuse and neglect is necessary, as is clearly demonstrated in children’s accounts when phoning ChildLine (ChildLine, 1997; Gillan, et al., 2009), this representation of children may further stigmatise their familial experience. Bart described ChildLine in terms of an emergency service that would ‘send someone out’ if he was in physical danger; he

explained ‘I’ve never tried it but I’m hoping that I never have to get to the thing to try it’. Thus, the political implication of using stigma, in contrast to other groups, has not been to empower those affected, rather to highlight the vulnerabilities of this group. These practical implications of representations were personally highlighted to me when I was asked to participate in a BBC Radio Scotland programme, ‘Give me a voice’. The programme was a short pre-recorded documentary involved three participants: a service manager, a young person whose parent was described by them as an alcoholic and myself. The dilemma arose in the producer’s keenness for me to emphasise the extreme difficulties facing children and young people and the inadequate provision of services. I found it difficult to present a viewpoint that reflected the diversity of children and young people’s experiences.

In a different argument, Lloyd (2010b) suggests that reducing stigma may not always be a positive endeavour because of the role that stigma can play in dissuading other people to be complicit in certain behaviours (for example, illegal drug use). In her doctoral research, *Keeping mum: A qualitative study of women drug users in Dublin*, Marguerite Woods (2007) argues being a mother and a drug user is often seen as problematic and incompatible. In 2008, I attended an exhibition organised by a University Professor displaying children’s artwork depicting experiences of parental drug and alcohol use. Personally the exhibition made uncomfortable viewing on many levels. In attending the exhibition with an alcohol practitioner, we shared our concerns about how this exhibition would represent these children and their parents to the general public. A quick read of the visitors’ book gave an insight into the public’s reactions of disbelief, horror, anxiety and expressed concern for the welfare for these children. I felt there was a powerful portrayal of children as ‘victims’ who needed to be saved from irresponsible parents. In highlighting the extreme challenges faced by some families in this way arguably to raise public awareness and influence the political agenda, there is a tension that this representation may further marginalise those families that may be in need of support.

### **7.5.2 Ambiguous stigma**

In a post-modern age of multiple, fluid identities, defining what is ‘different’, and thus stigmatising, becomes inherently problematic (Green, 2009). This is particularly

pertinent to understanding relationships with alcohol in Scottish society. Excessive levels of alcohol consumption may be tolerated and even culturally accepted on particular occasions (for example, birthday celebrations) and the general legality of alcohol<sup>26</sup> may further complicate societal understanding of the levels of acceptable alcohol use. Thus, Green (2009:113) provides a note of caution against a presumption of stigma associated with problematic alcohol and drug use:

‘As we have seen, this complexity is evident in the cultural sphere, where social behaviours such as legal and illegal intoxication may be simultaneously vilified and punished on the one hand and applauded and rewarded on the other.’

The use of alcohol may be even more problematic than drug use ‘as many people enjoy a drink and drink regularly, making it a challenge to delineate between ‘us’ (social drinkers) and ‘them’ (problem drinkers)’ (Green, 2009:77). This complexity has also been recognised by policy makers. As part of a series of reforms on alcohol policy in Scotland set out in *Changing Scotland’s relationship with alcohol: A framework for action* (Scottish Government, 2009a), government ministers have argued that a cultural change in attitudes towards alcohol is needed. The Scottish Social Attitudes Survey 2007 included a module on public attitudes towards drinking and the role of alcohol in Scottish culture to enable policy makers to monitor public opinion. The title of the subsequent report, *Scottish Social Attitudes Survey 2007: Something to be ashamed of or a part of our way of life? Attitudes towards alcohol in Scotland* (Ormston and Webster, 2008) is suggestive of the ambiguities surrounding alcohol in Scottish society. In a paired discussion, Homer has just shared his family experience of his Mum’s partner who ‘use to drink every single day’ for the first time. This leads to a discussion about drinking patterns,

Luke:	Well there’s nothing wrong with having the odd one during the week but most of the time...
Homer:	(interrupts)...no pure seven bottles a night!
Luke:	Aye

For Luke and Homer, there is an understanding that there is an acceptable level of alcohol consumption but limits do exist. This corresponds to Room’s (2007:143)

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<sup>26</sup> As Daniel pointed out in our discussion, the purchasing and consumption of alcohol is legal for adults but it is illegal for an adult to sell alcohol to a person under the age of eighteen. It is illegal for an adult to give a child under the age of five an alcoholic beverage to drink.

analysis that problematic alcohol (and drug use) are ‘heavily moralised territories’, that result in stigma and marginalisation when people behave beyond the acceptable social code. Therefore, when alcohol use is considered to be problematic by families, medical practitioners, statutory and non-statutory alcohol services, psychiatrists, social practitioners, the media and wider society is highly context dependent.

There is a need to recognise that part of the complexity surrounding the potential stigma of problematic alcohol use may be explained by both parents and children and young people drinking alcohol. In the Scottish Adolescent Lifestyles and Substance Use Survey (SALSUS), over four fifths of 15 year olds (84%) and over a half of 13 year olds (57%) in Scotland have drunk alcohol (a whole drink, not just a sip) (SALSUS, 2007). In explaining the research study, a range of views towards alcohol became evident; thirteen year old Bart told me ‘I hate alcohol’ whereas sixteen year old Hayley and fifteen year old Kevin both told me they ‘loved drinking’ (see Chapter 4). The majority of participants related to familial alcohol experience and a minority shared their own use of alcohol where the former was broadly constructed as negative, with particular concerns about the physical and emotional wellbeing of parents; and the latter was typically described as a positive social activity in drinking with friends and, in some cases, family. Some young people talked about the humour of others or in their own drinking; Daniel explained, ‘it’s fun for some people you know like, when people drink a lot you’re just laughing’. Luke and Homer provided an insight into the need for multilayered perspectives: whilst a parent turning up to school drunk was ‘embarrassing’, Luke being drunk outside a pub on a Friday night was a source of amusement. In analysing the data, attempting to separate children and young people’s own alcohol use and that of parents has been perplexing. In stepping back from the data, I now recognise that this in itself is an important finding that tends to be overlooked: multiple experiences exist and context is central.

### ***7.5.3 Power to stigmatise***

Link and Phelan (2007:375) argue that power is an essential prerequisite for stigma to occur, to put simply, ‘it takes power to stigmatize’. It is because of power that the dominant groups in society are able to stigmatise other groups. In Section 7.3.2, the fear of bullying provides an excellent example to show the importance of re-

considering power when understanding stigma. Whether or not a peer group decides to highlight some differences over others is highly subjective; therefore, some children may be bullied if parental alcohol use is known, whereas others may not. Goffman (1963) understands stigma as ‘a language of relationships’ but is focused on the individual person as the possessor of an attribute that then constructs these relationships. Individual relationships are rather limited in explaining this perception; we have to consider a more structural experience of stigma. My interest here though is whether stigma exists at a structural level. Aldridge and Becker’s (2003:81) study of children caring for a parents with a mental illness concluded:

‘We found that children face discrimination by *association* with their mentally ill parent, by the fact that they have to provide *care* as well as by professional perceptions and assumptions that children are at risk in these circumstances simply on the basis of a parents’ diagnosis’ (Aldridge and Becker, 2003:81).

As Aldridge and Becker (2003) are suggesting, stigma can arise through the attitudes of those professionals who see children ‘at risk’. This construction of children ‘at risk’ and subsequently posing ‘a risk’ to society has been identified in policy and practice guidance for children affected by parental drug and alcohol use (Bancroft and Wilson, 2007). I would argue that a consideration of power is essential to understand why so many children and young people feared that they, or their siblings, would be ‘looked after and accommodated’ by the local authority if parental alcohol use was known. The fear of removal may be due to the perceived powerlessness of children and young people in this situation. As discussed, their ability to control the information known about them and their families may be incredibly difficult. This challenges the premise of Goffman’s (1963) information control where individuals chose to display or not, to tell or not. Aldridge and Becker (2003) offer a revised idea where stigma is created through adults’ perceptions of children affected by parental mental illness rather than experienced in direct relationships. In considering the frequently described fear of being ‘looked after’ in Section 7.3.3, I wonder whether this was due to perceived perceptions that adults, and in particular, social workers would have about these families.

A consideration of power broadens the scope of understanding stigma as occurring within structures rather than between individual actors. Reviewing Goffman's 'information control' in light of my findings provides a good example. As discussed in Section 7.4.1, children and young people often attempted to control the information that was known about them; however, information was shared beyond personal relationships and became part of larger systems. Children and young people are concerned with 'information control' in contrast to an adult agenda of increasingly 'information sharing'. The term, 'information sharing' is familiar in child welfare circles and has been a high priority in the Scottish child protection reform programme (Scottish Executive, 2002). Even as part of this programme though, children and young people's views on 'information control' are apparent; in a government consultation with children and young people, the Protecting Children and Young People: The Charter (Scottish Executive, 2004b) states information is to be shared only when appropriate. The sharing of information has been highlighted as paramount to protect children of problem drug users (Scottish Executive, 2001; Scottish Executive, 2004a; Scottish Executive, 2006). What the guidance does not consider is that information is most likely to be shared with other children and young people. One of the characteristics of stigma is the control of information; however, there may be few opportunities to control information about parental alcohol use.

The possessor of stigma has been the focus of studies rather than the structures in which they live (Link and Phelan, 2001). In the example of problematic alcohol use as an 'individual blemish', the structural reasons and necessary context for understanding problematic alcohol use, such as poverty, unemployment, ill health, are overlooked (Goffman, 1963:35). Thus in using stigma to make sense of children's experiences, we can focus on the individual child rather than the structures in which they are embedded. For example, we may consider the child's own lateness in attending school rather than the inflexibility of the schooling system to meet the needs of these children.

## 7.6 Conclusion

This chapter has explored the differences, complexities and anomalies of stigma as experienced by children and young people. My concern was an oversimplification of the use of the term stigma that homogenised children and young people's experiences. This is partly explained when stigma is simply attached to persons with alcohol problems. Thus, stigma becomes relatively fixed unless the attribute changes and presumes that stigma is the same in all relationships. In this case, a person becomes stigmatised rather than experiencing stigmatising relationships. This leads to a possibility of overlooking the diversity of relationships that change over time and context. Although common themes emerged, the diversity of participants' experiences and relationships needs to be reflected in any accounts of stigma. In considering the role of power in constructing stigma, I argue that an unreflective application of stigma to children's experiences may create further marginalisation and contribute to perceptions of powerlessness and vulnerability. Furthermore, it may overlook children and young people's own agency in carefully negotiating relationships. For the majority of participants, there was a *fear* of being seen as different or treated differently rather than an experience of this. This could be the case for a plethora of familial experiences such as parental unemployment, imprisonment, separation, having a sibling with a disability, living in a particular area, etc. This leads to a conclusion that all children and young people may perceive stigma as a possibility if any familial difference becomes known. A full summary of this chapter can be found in Chapter 8 as part of a more developed critique of the thesis (see Section 8.2, page 210).

Using the concept of stigma has been useful to critically explore children and young people's experiences of difference. Stigma is not a simple concept to be applied without careful reflection. The need for social context and an understanding of relationships is essential to explore the complexities of stigma. This is not a chapter that provides neat conclusions; perhaps here more than elsewhere, the heterogeneity of children and young people's experiences becomes apparent. I suggest that this reflects the over simplistic use of the concept of stigma. It may be easier to gloss over these differences and ambiguities; however, I hope that, as Law (2004)



advocates, sharing the ‘messiness’ of social research provides us with a much more interesting insight into children and young people’s lives. This leads me to my final discussion chapter where I draw together my theoretical, methodological and practice orientated findings to contribute to our broader understanding of the lives of children and young people when affected by parental alcohol use.

## CHAPTER 8

### CONCLUSION

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#### 8.1 Introduction

Throughout the study, I have argued that a reflexive account of conducting research with children and young people to explore their experiences of parental alcohol use can deepen our understanding of children's lives. This final chapter is divided into two sections: I briefly reflect on the key findings of the four findings chapters. Using an inductive research design, four emergent themes formed the findings chapters: choosing to share knowledge; sharing emotional times; trust matters and experiences of difference. In all of these chapters, the diversity of children and young people's engagement and experience is discussed. The conclusions frequently refer to the complexity in making sense of these differences and the need to recognise the changing dynamics of family life. In her review of the impact of parental problem drinking on children, Tunnard (2002a) critiques the homogenisation of children and young people's experiences that is presented in studies. One of the advantages in reflecting on the research approach is the recognition of difference throughout the study. In the second section, I highlight areas for further reflection: relationships, representation and respecting privacy. I consider in turn the theoretical, methodological and applied implications for policy and practice. Finally, I reflect on the limitations of the study and consider future research endeavours.

#### 8.2 Overview

The overall aim of this study is to reflexively engage with children and young people who have been affected by parental (or significant carer) alcohol problems and to explore, from their perspectives, the perceived impact on their lives and their experiences of support. In Chapter 4, I explored the ways in which children chose to communicate about parental alcohol use within the research setting. This was partly in response to the assertion that children and young people 'don't talk' in families affected by parental drug and alcohol use (Kroll and Taylor, 2003). As the findings demonstrate, the majority of children and young people did talk, both directly and indirectly, about parental alcohol use. Many participants used the research tools,

‘Amy’s story’ and the alcohol bottle in particular, to start to communicate about alcohol in the first person, third person and at an abstract level. When provided with choices and space, participants engaged with these tools rather differently; for example, Ewan chose to watch Amy’s Story for a second time and then used ‘feelings cards’ (rather than the Film Review) to share his views on the story (see Figure 10). Furthermore, participants often used their own innovative ways in choosing to share details of parental alcohol use; for example, Paige’s story about her dog, Star also involved explanations about her mother’s alcohol use, her relationship with her sister and living with her father and grandparents. Equally important is a consideration of the silences, distractions, hesitations and retractions. Rather than considering this simply as ‘not talking’ to a researcher, I explored reframing the use of silence as a protective strategy, as a right to privacy and a necessary context for what then was shared. In the Good Ideas groups, ‘not being made to talk’ was highlighted as an important quality of a researcher. The research tools should be seen as ‘setting the tone’ for the interaction and creating opportunities for communication; this affirms O’Kane’s (2000:138) position, ‘the successful use of participatory techniques lies in the process, not simply the techniques used’. As others have already highlighted (Ennew, et al., 2009), presumptions that research tools *per se* are participatory would be a misnomer. In exploring the process through which children and young people communicated about parental alcohol use (even in their use of silence), rather than simply what they physically communicated (through spoken word, writing, drawing, acting), provides a more in depth understanding of the complexities and anomalies in choosing to share any details about their lives. Respecting and learning from how children and young people chose to communicate in the study provided a foundation for the subsequent findings chapters.

As I explored in Chapter 5, children shared many feelings about parental alcohol use in my study (as others have similarly found, see Bancroft, et al., 2004; Cork, 1969; Laybourn, et al., 1996); despite a Department of Health review summarising that children may ‘find it hard to think or talk about themselves’ (Cleaver, et al., 1999:86-87). In an early analysis of the data, I was unsurprised to have thematic codes including: feeling sad, happy, angry, scared/afraid, worried/anxious, etc. under a

broader heading of emotional impact. Initially, I attempted to write about these categories; the results were unsatisfactory. I had inadvertently become detached from the research context. As Bondi (2005:433) cautions against: emotions had become an object of study, rather than ‘a relational, connective medium in which research, researchers and research subjects are necessarily immersed’. These expressions, out of context, lost their meaning; furthermore, in this simplified form they felt exposed to misinterpretation. Drawing on the work of Hochschild (1983; 1998), I considered the ‘emotional dictionary’ of participants, the use of the body in expressing emotion and placed this within the culture of emotion. This literature alerted me to the ‘feeling rules’ of a research context and the potential of a researcher to overlook the role of emotion in attempts to ‘manage’ the emotions of self and others. Presenting emotions as static, fixed in time can overlook the complexity of how emotions are experienced. This study revealed the complexity of emotion, including that of the researcher, and cautions against the tendency to oversimplify children’s emotional states.

Understanding trust as a set of interpersonal relations, rather than an individual attribute, provided an explanation for the different constructions of trust in participants’ use of informal and formal support (Misztal, 1996). As explored in Chapter 6, many children and young people placed a significant emphasis on trust as a deciding factor in sharing any information about their lives. Trust was found to be much more complicated than previous accounts suggested; I contested the notion that children affected by parental alcohol (and drug) use ‘don’t trust’ (Kroll and Taylor, 2003:185). Arguing that children ‘do trust’ would overlook the inherent complexities in the relational quality of trust. Many factors informed children and young people’s decisions to trust certain people, with certain information at certain times. Trust had to be understood in context; Jim resented his teachers specifically asking for his trust when he perceived ‘they’ll go behind your back’. Taz could talk to her Gran, but she could not trust her not to speak to other members of the family. Trust involved experiences of the past as well as the imagined future. Some children and young people tested trust in the sharing of ‘some’ information with friends, teachers, social workers and service practitioners. Thus trust involved risk; the uncertainty involved

in trusting had to be weighed against the perceived positive and negative consequences. Decisions not to trust should not be perceived as an inability to trust, rather a decision indicating that the risk may be too great. The dynamics of trust were apparent in the changing friendships, family situations and service practitioners. This highlighted the need to think critically about the protective factor of ‘having one trusted adult’ (Cleaver, et al., 1999). This also overlooks the trust and mistrust in systems. Theoretically, I became interested in the relationship between trust and risk, particularly given the dominance of risk in the literature (Bancroft and Wilson, 2007; France and Utting, 2005). Whilst the concept of trust emerged to hold importance for many participants in the study, I questioned whether this could be a valuable contribution to counter the focus on risk.

In Chapter 7, I explored children and young people’s subjective experiences of ‘felt’ and ‘enacted’ stigma in association with parental alcohol use. One of my concerns stemmed from the uncritical application of the concept of stigma presuming homogeneity of experiences. The uncertainties and anomalies in understanding stigma surrounding drug and alcohol use have been recognised (Green, 2009). In using Goffman’s (1963) original work on stigma, I considered whether stigma is an appropriate concept to understand many participants’ concerns about ‘being treated differently’ if parental alcohol use was known. Attempts to control what was known about them (by peers and adults) and minimise any perception of difference were ways of negotiating stigma. However, ultimately I argue that one of the limitations of stigma is the association with a specific trait that suggests a fixed state (unless the trait changes). This overlooks the different relationships within different context where stigma will take on many different forms over time.

## **8.3 Discussion**

### ***8.3.1 Relationships***

#### *Theoretical learning*

Children and young people made sense of their own lives *in relation to* others and this changed over time. As Carsten (2004:82) argues, ‘relatedness is simply about the ways in which people create similarity and difference between themselves and

others'. This is important. Constructs of children and childhood have traditionally focused on similarities and differences in child-adult relations (Alanen and Mayall, 2001; Mayall, 2002). Earlier work of James (1993) on identity explored how children were constructed as 'other' to adults: the 'Othering' of childhood to adult remains a theme within the literature (Jones, 2001; Lathman, 2008). Although this has been recognised as overly simplistic, there has been a persistence in the child-adult dichotomy (Aitken, 2001; Lee, 2001). Recognition of the child as an individual social actor has been one of the central tenets of the social studies of childhood (Christensen and Prout, 2002). Similarly, child welfare legislation and the United Nations Convention on the Rights of the Child 1989 explicitly recognised the child as an individual (Marshall, 2001). Although arguably a necessary stance to increase legal recognition for children, I question at this stage whether the focus on 'the individual' has overshadowed the web of relationships in which children are embedded. Drawing from wider theoretical thinking, relationships and relationality has been rekindled in understanding personal life (Carsten, 2004; Smart, 2007). Finch and Mason (1993) proposed a move away from the individual towards a 'reflexive relationism' that explores the networks of relationships. As Jenkins (1996:20) highlights in his work on identity: 'individual identity – embodied in selfhood – is not meaningful in isolation from the social world of other people.' As my study showed, relationships were central to children and young people in their own constructions of similarities and difference. The over focus on the concept of the child as an individual may risk being counter-productive in overlooking the relational, embedded complexities of their social lives.

Concepts of knowledge, emotion, trust and stigma are characterised by fluidity across all four findings chapters. Attempting to understand these concepts disconnected from a dynamic context held little explanatory value in my study. Hence, my concern when these concepts appear fixed or relatively static in their application. If we take trust for example, children 'having one trusted adult' is often used uncritically in the literature (Cleaver, et al., 1999). Yet, theorists have continually highlighted the complexities in defining trust and the need for critical reflection (Baier, 1986; Lewis and Weigert, 1985; Möllering, 2006). Attempts to

measure trust, as if it were an attribute possessed by an individual child in a specific relationship, are problematic (Bernath and Feshbach, 1995). In the fieldwork, one of the research tools I used to explore children and young people's views of support was not particularly useful, precisely because I had not considered the complexities of these changing relationships (see Appendix 6). In asking participants to choose a sticker (excellent, okay and rubbish) for a list of potential people in their lives, I was effectively oversimplifying a complex set of processes that changed over time and were dependent on circumstance. Theorists have recognised the dynamic nature of trust (Lewis and Weigert, 1985; Möllering, 2006; Sztompka, 1999), emotion (Bendelow and Williams, 1998; Hochschild, 1998; Turner and Stets, 2005) and stigma (Green, 2009; Link and Phelan, 2001; Yang, et al., 2007); thus, the question may be in the uncritical application of theoretical concepts to empirical work rather than vice-versa. This leads me to consider the role of relationships in methodology.

#### *Methodological learning*

Qualitative researchers have long recognised the importance of developing relationships in a research study. Many debates surrounding research with children have considered the presumed power imbalances between the adult researcher and child participant (Barker and Smith, 2001; Christensen, 2004; Gallagher, 2008; Grover, 2004; Punch, 2002). There has been a particular focus on the use of research methods with children, and in particular, participatory methods to negotiate more equal power relations (O'Kane, 2000; Punch, 2001). Indeed, I recognise my own interest in the use of 'research tools' as demonstrated in a 'toolkit' full of research activities to use with groups (Hill, et al., 2009). In Chapters 4 to 7, certain 'tools' were particularly successful (for example, watching and reviewing the short film, Amy's story); fellow researchers and practitioners in the field have been particularly keen to discuss these research tools. The cautionary note is the tendency to focus on the physical research tool, rather than the relationship that can be developed in the research setting. On reflection, setting up a laptop computer together when a choice to watch and review Amy's story had been made was part of the success of the tool; for example, Kevin's demeanour changed quite considerably when he found a plug socket and set up the laptop computer (on which the short film was shown) for the

group. In focusing simply on the method without a reflexive consideration of the relational context may undermine our wider methodological learning.

As discussed in Chapter 5 in relation to emotions, reflecting on relationships within the research setting provided considerable insights. My own relationships with 30 children and young people allowed a greater appreciation of the diversity in many different areas of their lives. I was also aware of the significance of many participants' relationships with practitioners as a key factor in deciding to participate in the study. Children and young people's engagement in the research provided a further illustration of their shared narratives in talking to other relatively unknown adults. This was rather starkly demonstrated in a paired interview with Sam and Tamara: on entering a private room in the service, Sam became very quiet and subdued, in stark contrast to his chattiness previously and subsequently in the service communal space; within the interview, he explained 'talking makes me feel weak'. The decision to end this interview (discussed in Chapter 5), led to my appreciation of how Sam might engage with support services. Observing the relationships he had with two practitioners during the practical negotiations for the study further confirmed the importance of relationships. Time was raised as an issue in the development of trusting relationships and this equally applies for researchers as well. However, there were significant differences in how children and young people engaged with me in the study; for example, I felt I would need to spend a longer time with Sam for him to feel comfortable in sharing any aspects of his life. Yet this reflects a researcher agenda, as I go on to discuss, Sam initially wanted to see me again but then changed his mind.

#### *Implications for policy and practice*

The centrality of relationships suggests that this is an area that should be considered in policy and practice for children and young people affected by parental alcohol use. This may appear simple, but I would argue that this presents significant challenges given the fluidity of relationships, not simply within families. Understanding these webs of relationships requires a relationship to exist and this may be particularly difficult when children feel scrutinised by adults. Furthermore, using the Getting it



Right for Every Child (GIRFEC) assessment tool, 'My world' provides a starting point using a holistic approach, however the dynamics of children's lives can be hard to convey and accurately capture at one point in time. The provision of any support to children and young people must take account of the consequences for relationships: Audrey understood why her teacher suggested completed her homework during lunchtime at school, but this overlooked the impact on her friendships. Similarly, Rosie appreciated her teacher's concern in asking her 'if she was okay' but could not fully use this support due to her own concerns about appearing 'different' in front of her peer group. In Chapter 7, I discussed how the concern in appearing 'different' will affect seeking support from other children and adults.

Relationships with professional adults could also be vulnerable to change. Scott had a great relationship with Mrs McIntosh (a learning support teacher) but then faced significant difficulties when a school timetable changed and restricted his access to the teacher. Audrey, Imogen and Stephany described how practitioners kept leaving the service meaning they had to 'retell the story'. One voluntary service closed ending the relationships for three participants who had accessed this service. These findings are not related to children and young people's difficulties in forming relationships but to changes over which they have no control but result in consequences for their relationships.

### **8.3.2 Representation**

#### *Theoretical learning*

Representation and the use of voice(s), from researcher and researched perspectives, have been intensely debated across social science disciplines (Coffey, 2002). Since the influential anthological work of Clifford and Marcus (1986), *Writing culture*, greater consideration has been given to the ways in which academics (re)present knowledge through the written word. In researching marginalized groups or sensitive areas, 'voice' is often used to imply a form of empowerment; the silenced may be heard through the research process (Liamputtong, 2007). The exploration and presentation of children's voices has been a popular theme in the social studies of

childhood (for example, Aubrey and Dahl, 2006; Emond, 2007; Prout and Hallett, 2003). Empirical studies with children often begin with preambles of ‘giving voice’ to children or assert the need for children’s voices to be heard; for example, *Listen to me!: Children’s experiences of domestic violence* (Buckley, et al., 2006). I do not exclude myself from this discourse; a collaborative project with Barnardo’s and Professor Kay Tisdall was entitled: *Listening? Developing a dialogue between researchers, participation workers and young people* (Duffy, et al., 2009) and my information leaflets specifically sought views (see Appendices 4, 5 & 6). Lewis (2010:15) describes these developments as creating ‘a strongly ‘pro-voice’ climate to the extent that the promotion of ‘child voice’ has become a moral crusade’.

There has been a growing critique on the use of voice (see for example, Curtis and James, 2010; Komulainen, 2007; Lewis, 2010). In this research study, I became increasingly aware of the complexity of voice and issues of representation. How did I (re)present Ewan’s silences? Is it fair to use Alesha’s articulate and vocal voice from the Good Ideas group? Was Stephany’s voice heard in the animated discussions with Imogen and Audrey proclaiming the groups’ collective view? Have I sensationalised Jim’s accounts of home life? Can I ethically justify the omission of voices if I was concerned they would be misinterpreted? Should I share participants’ hesitations, mumbles, and unclear use of language? What about the voices of those whom were not asked to participate or chose not to? This section does not attempt to provide answers to these dilemmas, but in sharing some of my own uncertainties I hope to contribute to a more critical consideration of the use of voice.

There has been a dominant legal-ethical rhetoric underpinning the use of ‘voice’ in social research with children; Article 12 of the UN Convention on the Rights of the Child 1989 and national child welfare legislation are commonly cited. Yet, as Lee (2001:93-94) highlights considerable ambiguity exists given that Article 12 only applies to those children ‘capable of forming his or her own views’ with ‘age and maturity’ affecting the ‘weight’ they will be given (by adults). Social researchers, including myself, may have uncritically applied the Convention as an endorsement for seeking children’s views. Komulainen (2007:23) critiques the construct of voice

observed in strategies used in adult interaction with young children with communication difficulties; she argues that these practices 'constitute the child's voice as an object that can be possessed, retrieved and verbalised.' In a qualitative study of children's hospital experiences, Curtis and James (2010) argue that the search for 'the authentic voice of the child' is problematic as voices are relational and situated in context. Similarly, Komulainen (2007:23) goes on to argue, 'an uncritical treatment of view/'voice' as an individual property dismisses the ambiguity and socialness of human communication'. As I have previously discussed, the recognition of the child as an individual may have contributed to the individual voice being, until recently, unproblematic. Thus, I agree with Komulainen's (2007:25) critique that voice 'assumes a rational, autonomous 'agent' as an intentional subject'. This overlooks the complexity in considering the embedded, relational understandings of 'voice' and 'voices'.

### *Methodological learning*

There are frequent assertions that research methods have the capacity to 'give voice' to children and young people; for example, Malcolm Hill's article (2006) in the *Childhood* journal, entitled, 'Children's voices on ways of having a voice: children's and young people's perspectives on methods used in research and consultation.' Building on the theoretical critiques outlined above, I would like to discuss the implications on voice as a form of representation in my study. Firstly, the 'voice' is often translated into a textual interpretation (Komulainen, 2007; Tisdall and Morrison, 2010). Through this process, the experiential meaning can be lost; the use of the body, the tone and intonation, the context, the person to whom it is spoken and the relationship that exists between them, what has gone before and what will come after, are all necessary to grasp the meaning and this is analytically complex. This is illustrated in Chapter 5 where I discussed the role of emotion in research and the need to recognise the challenges in translating emotion into the written word (for an insightful discussion, see Bennett, 2004). Secondly, certain voices were more prominent than others and the presentation of collective voices was not unproblematic. The choosing of 'voices' often remains the decision of the researcher and research team, rather than the owners of the different voices. The involvement of

children and young people as co-researchers may be presented as an opportunity to counter this (Kirby, 1999b); however, this still may ignore the power dynamics between young people and overlook which young people were co-researchers. As I shared within the study, a number of participants chose not to have their physical voices recorded at all or at various stages of the study (see Chapter 3, Section 3.5.1); in these cases, I recognise that my voice interprets their voice through detailed field notes and there is a greater reliance on any visual data created. My concern is whether participants who chose not to be recorded are subsequently disadvantaged due to the emphasis on voice. Thirdly, an exploration of the use of silence was particularly revealing in this study, and as also found by others (Huby, 1997; Kohli, 2006); in prioritising voice, do we risk ignoring silence? Perhaps rather surprisingly in light of the popularity of different research methods with children, voice is a narrow reflection of the possibilities for engagement in research; for example, the use of the body in communication is easily overlooked (Mayall, 1998; Prout, 2000a). Finally, voices were found to be diverse, changing and conflicting and this raises many ethical considerations in the use of voice in social research with children.

#### *Implications for policy and practice*

In their edited work, Prout and Hallett (2003) argue that children's voices should be taken into account in the development of social policy in the UK. The influential report of the Advisory Council on the Misuse of Drugs (ACMD) includes a chapter on the 'voices of children and their parents' and concludes with a recommendation that 'the voices of children of problem drug users should be heard and listen to'. Given that many of the recommendations apply to drug and alcohol services, it appears feasible that the voices of children affected by problem alcohol users are also listened to. Firstly, I note that listening and hearing children is not then equated with action; as Roberts (2000:238) argues, 'listening to children, hearing children and acting on what children say are very different activities'. Secondly, the use of 'should' suggests that this is recommended, rather than children and young people have a legal and ethical right to be heard, listen to and involved in decisions that affect their lives. Thirdly, this recommendation is based on a chapter that privileges some voices above others; these voices certainly convey to the reader the extreme hardships related to parental drug use (this chapter draws specifically on the authors'

recent study of opiate using parents and children, see Barnard and Barlow, 2003). This leads me to question the use of voice as a political tool; voice may have an ability to influence the reader. Fourthly, voice appears to be deceptively simple; the complexity of having multiple voices and conflicting voices does not arise in the policy. Children who are the most articulate (or say what some adults may want to hear) may have their voices privileged above others. A pertinent example of a voice that may not be presented could be André who described the service: ‘it’s rubbish; it’s about how you *feel*’. The use of the term, ‘voice’ may also overlook children who do not communicate verbally, those who chose to communicate in different ways and those that chose to remain silent (as discussed in Chapter 4). This returns us to the potential risk for children’s views to be homogenised; where ‘the child’ becomes synonymous with children, one child’s voice is equal to children’s voices (James and James, 2004). Thus, the popularity of voice may have some unintended consequences; without recognising the complexity of diverse, multiple and changing voices, children’s voices may become simply a conduit for certain adults’ voices. Cynically we may consider that ‘voices’ have become a smokescreen for any serious engagement with children and young people in (re)presenting their own lives.

### ***8.3.3 Respecting privacy***

#### *Theoretical learning*

One of the theoretical contributions of this empirical work is to reconsider the role of secrecy. In Chapter 4, Section 4.4, I re-examined the presumed negative connotation surrounding secrecy for children in families affected by parental substance misuse (Kroll, 2004). Yet, secrets play an important role in society for children and adults (Bok, 1984; van Manen and Levering, 1996). In this study, I reconsidered the language of ‘secrets’ as holding significance for children in their relationships with others and self; secrets were told to friends, shared in diaries and not told to a researcher! Previously I discussed a practitioner’s advice to not use the phrase, ‘secret name’ with children to explain the principles of anonymity, as I had planned to do. This was implied in relation to avoiding the word, ‘secret’ due to parents’ use of substances and the therapeutic work of the service for children to ‘not have secrets.’ However, a number of participants explicitly used the word ‘secrets’, and

connotations of secrets, as a form of 'information control' to manage what was known about them with regards to parental alcohol use (Goffman, 1963). Thus, advocating a more neutral stance towards secrecy may be helpful in exploring children's experiences (Bok, 1984).

This example of secrecy provides a useful insight into how children and young people's right to privacy may easily be overlooked. In a critical review of UK policy regarding children's right to privacy, Dowty (2008:397) argues:

'Privacy is about far more than secrecy or furtive activities: it is about our autonomy, the control we have over our own personal boundaries and the means by which we define who we are in relation to other people. We establish our relative distance from friends, acquaintance or potential enemies by the simple expedient of regulating our self-revelation; on some matters we may choose to remain entirely silent.'

Respecting a right to privacy requires a recognition that adults cannot (and should not) be all-knowing of all aspects of children's lives. My concern is that for children in potentially difficult circumstances, the importance of privacy can be overruled under the guise of child protection (Dowty, 2008). Children may be constructed as 'helpless dependents' who need to be identified and protected (Alderson and Morrow, 2004:22). This may be counterproductive:

'Personal things that get exposed by digging are not likely to contribute to positive relations between adult and child. More likely they will disturb closeness. This is true also for secrets that the child has kept inside and should be shared. It is best where the adult knows how to provide the child with the opportunity to share. [...] One cannot force the sharing of secrets without inflicting damage. Secrets are entrusted' (van Manen and Levering, 1996:165).

Thus, I am not suggesting that children should not be supported to share 'secrets' when a source of worry and concern. However, I am cautioning against viewing secrets as inherently problematic; a reflexive understanding of the value of secrets as a strategy for controlling what is known about themselves and their families may be justified.

### *Methodological learning*

Respecting participants' privacy was an essential part of this study (Alderson and Morrow, 2004). Although children's privacy is considered in the research literature, the focus is on children having access to a private physical space (at home or at school) to be able to talk openly and uninterrupted to a researcher (Mauthner, 1997). My interest stems from children and young people retaining privacy within a research study. The diversity of what participants chose to communicate or not about parental alcohol use suggested that privacy was highly valued. There were numerous examples throughout the fieldwork where participants chose not to share details of their lives; for example, Luke chose not to share which family member experienced a problem with alcohol and Sam did not want to talk about where he currently lived. I was keen to reflect on this as a finding of the study. As Wade and Smart (2002:43) argue, 'there is a risk in creating a culture where children are expected to talk'. Although they are referring to policy makers and practitioners, I think this is also highly relevant for the research community. However, respecting participants' privacy involved walking a fine ethical tightrope. Prior knowledge about a child's current circumstances from a practitioner could be seen as good preparation on behalf of the researcher in planning a sensitive and appropriate research approach (Curtis, et al., 2004); for example, in the course of my fieldwork I was told about concerns regarding neglect and physical abuse, parents' engagement in treatment services, worries about a child's own alcohol use and those with literacy difficulties. However, does this overlook the privacy of my participants?

One of my ethical concerns and reflections was whether this approach did not provide enough opportunities for those participants who wanted to talk in greater detail about parental alcohol use. Although the Good Ideas groups advised me to 'do activities' rather than 'just talking', Elizabeth later told me she expected me to ask many more questions. As Punch's study (2002) found some young people preferred direct questioning rather than more abstract research tools. Did the research methods limit the possibilities for communicating about family life? At times I felt the eagerness to 'complete' activities may have limited their opportunities, and my own, to explore comments in greater detail. However, as I discussed in Chapter 4, I also

felt that ‘moving on’ to another activity was a conscious strategy to ‘move on’ from the issue being verbally or visually communicated.

### *Implications for policy and practice*

The focus on children as ‘hidden’ and, in some accounts, ‘secret’ within the literature presumes the dominance of adults on the one hand in ‘keeping secrets’ (i.e. parents not disclosing that they are parents to various agencies) and equally, an onus on professionals to ‘identify’ such children (Advisory Council on the Misuse of Drugs (ACMD), 2003; Scottish Executive, 2006). The oversight is children and young people’s abilities to self identify and access services. Many studies and reports have concluded that children and young people have the right to access support services. For example, Velleman and Reuber (2007) highlight in their cross-European study of domestic abuse in families with alcohol problems, that children require a service regardless of whether or not parents are engaging in a service for their alcohol use or violence. Furthermore, children’s use of confidential services, such as ChildLine, suggests that under the right circumstances, support is needed and welcomed by some children and young people (Childline Scotland and CRFR, 2005; Dalrymple, 2001; Vincent and Daniel, 2004). Providing opportunities for confidential and non judgemental support in school settings was high when children and young people could access the provision autonomously (Spratt, et al., 2010). Current government policies for children and young people affected by parental drug and/or alcohol use, show little regard for children and young people’s own strategies for managing day-to-day life and seeking help of their own accord. There needs to be greater recognition of children and young people’s own role in supporting their parents and potential for seeking support for themselves.

Many of the ethical dilemmas arose in reconciling participants’ desire to be the same (as peers) and not ‘treated differently’. As Spratt and colleagues (2010:491) highlighted in their research exploring mental health initiatives in a school setting, ‘they chose to avoid seeking help that would label them in any way.’ Any service providers and potential support mechanisms have to be sensitive to the importance that many children and young people place on ‘not being treated differently’. This is



a challenge to the provision of services that are specialised in working with families affected by parental substance misuse or young carers' services to ensure that accessing the service does not increase the risk of stigma for children and young people.

## **8.4 Reflections and future research**

Despite my intention to include children and young people who have had a diverse range of experiences, it is arguable whether or not this has been achieved. Although I have explored the diversity within this subset of children and young people; all were recruited via voluntary services that were (to different extents) already aware of the impact of alcohol use in their families. These agencies generally worked with families of lower socio-economic groups who are more likely to be under the surveillance of the state (France and Utting, 2005). In 2009, I attended the Scottish Parliament Cross Party Group on Drugs and Alcohol at which Nicola Barry, Scottish journalist and author of *Mother's ruin: the extraordinary true story of how alcohol destroys a family* (2008), was presenting. She vividly shared one of her memories of a child welfare professional knocking on the door (due to a presumed report by the neighbours) of their detached house in an affluent area of Edinburgh; her father opens the door and threatens legal action if they attempt to enter the house and she does not see them again. This once again reminded me of children and young people being affected by parental alcohol use across the socioeconomic spectrum. All participants in the study were white Scottish. Through Mayer's (2004) practitioner work with children of minority ethnic groups in England, there appears to be a specific set of needs for these children to be addressed. I was keen for all children within the services to have an opportunity to participate; one child in the study was autistic and I was unaware of any other participants having any form of disability.

There were a number of children who were not invited to participate in the study due to the concerns of service practitioners. Most frequently this was related to families who were described as 'very chaotic' and children and young people had 'too much going on'. In some cases, there was still an invitation made but during fieldwork difficulties were presented with children moving houses and practitioners felt it

would no longer be appropriate. This posed an ethical dilemma: I was keen for all children to have the opportunity to participate yet equally, this was my research agenda and I recognised that practitioners may be making reasonable judgements in not placing further demands on children and their families. To counter, this I was always keen to remind practitioners of the future possibilities of participating if appropriate (although this did not happen). In some cases, this may be an example of adult 'over protection' and these children have been silenced (Alderson and Morrow, 2004). Hence, I am aware that children and young people who may be in the more difficult circumstances (as perceived by adults) may have been denied the opportunity to participate in the study.

A further question and critique of this study may be a concern with the absence of direct involvement from parents and practitioners. In the early stages, I considered conducting focus groups with parents and practitioners. However, I began to question what this would achieve given my primary interest was focused on children and young people's experiences. I was reminded of the work of Becker (1967:242) who alerted sociologists to guard against the need for the 'official view' to increase a study's credibility; for example, where prison officers need to be interviewed as well as prisoners, even though there are already many studies where only the 'official view' is sought. Would involving parents and practitioners increase the credibility of the study? My concern was the perception that research with children about parents also required a parental view as a form of validity. In a study with 58 parents (overwhelmingly mothers, n=54) and 36 children, Barnard (2005) found multiple 'truths' between parents' and children's accounts of parental drug use. This would have led to a very different study to the one described in these pages.

From the time I spent with the Good Ideas groups, I began to consider the merits of an ethnographic study. As Elizabeth told me, I needed to 'get to know us' to begin to understand their lives. As discussed in Chapter 5, Imogen, Stephany and Audrey highlighted an importance in seeing where they lived to 'know how it feels'. In my study, I had become aware of the fluidity of some children and young people's circumstances (for example, where they lived) and exploring this over a longer

period would be illuminating. I had originally discounted using an ethnographic approach due to the limitation of working intensively with one voluntary service. From the literature on family secrets, the possibility of conducting an ethnographic study within a family context appeared very unlikely. However, this study demonstrated to me that relationships of trust can be developed and working initially with a service to establish contact with children and their families may be a possibility. However, one of my ethical concerns about this approach was the additional request on children and young people's time that may already be affected by family life.

The work of Sheriff and colleagues (2007) on communication about alcohol in the family suggested that there is limited understanding about how parents and children communicate about alcohol in their everyday lives. A development of my study would be to explore parent-child communication about alcohol in the family where there is currently or has been historically a parental 'problem' with alcohol. One approach could be a participatory action research project within services. I have been inspired by the work of Humphreys et al (2006) who developed communication tools for mothers and children affected by domestic abuse who were primarily living in refuges. The study found that discussing domestic abuse required acknowledgement by the mother that domestic abuse had impacted on her children in some way and that both mother and children were at a stage where they were able to talk.<sup>27</sup> If these were prerequisites for parents and children in my study, this could limit participation; however, even a small sample could be insightful.

Qualitative research with children and young people from minority ethnic groups should be a future priority. Additional consideration should be given to children with disabilities and different communication styles. One young person told me 'I'm autistic' at the start of the interview. Further efforts should be made to engage with children and young people in diverse families. One of the possibilities could involve research using the internet. As a Young Scot survey found, young people would consider using social networking sites as a source of support when concerned about

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<sup>27</sup> The tools involved using specially designed storybooks and activities allowing children and mothers to talk using the characters.

alcohol use in the family (Scottish Youth Commission on Alcohol, 2010). There may be various opportunities: ChildLine has launched an online counselling service; Children's society STARS provides some online support and there is also support and advice provided on a website for 'children affected by addicted parents' (See <http://www.coap.org.uk>). Although unknown at present, it may be that children and young people who use these websites may represent a more diverse population than those accessing voluntary child welfare services.

There can be valid criticisms of the limits of my participatory research approach. The broad agenda was focused on an adult concern and the study was clearly adult led by myself. Two small groups of children and young people were involved in shaping the research design but 'shaping' rather than 'designing' is a fair description. The research was ultimately designed, conducted, analysed and disseminated by myself. As much as practitioners restricted children and young people's access to the study, I was equally protective in not fully considering the use of young researchers due to my perception that the topic might be too sensitive. This overlooks the findings that children are most likely to talk to a friend about parental alcohol problems rather than an adult (Gillan, et al., 2009) and for some, meeting with other children with similar experiences is viewed as a positive form of support (Laybourn, et al., 1996). The advantages and challenges of working with children as researchers have already been identified (Brownlie, et al., 2006; Kirby, 1999a). However, given the concerns about other people 'knowing' about parental alcohol problems and the importance of trust, it is questionable whether children and young people would mutually volunteer to share their family experiences with other young people. It would be unusual in a PhD research study to use an advisory group but this could have been a consideration at the early stages. A Scottish study of the support needs of children and young people who have to move home due to domestic abuse involved two young people on the advisory group (Scottish Women's Aid, 2010). My practical and ethical concerns centred on the length of time for a PhD and I questioned the benefits for participants.

## 8.5 Concluding thoughts

The title of this thesis: *Revealing lives: a qualitative study with children and young people affected by parental alcohol problems* refers to the 30 children and young people who chose to reveal aspects of their lives through participating in a research study. This study presents the multitude of ways that children and young people communicated experiences of parental alcohol problems, including silences, retraction and distraction. In reflecting on the power dynamics of researcher-researched relationships, I was keen to acknowledge that revealing was a process which participants, rather than the researcher, were often carefully managing. This is a further example of children and young people's attempts at 'information control' as discussed in Chapter 7 (Goffman, 1963). However, as in their described experiences elsewhere, the research setting also presented challenges to fully control what was known about them; other participants, the (requested) presence of practitioners, meetings with a minority of parents and discussions with practitioners in identifying families often led to information being shared. The use of open research tools created spaces for participants to share as much or as little as they wanted; the privacy of their lives was respected (Alderson and Morrow, 2004). Thus, I would argue that in taking this approach, children and young people's lives are indeed revealing.

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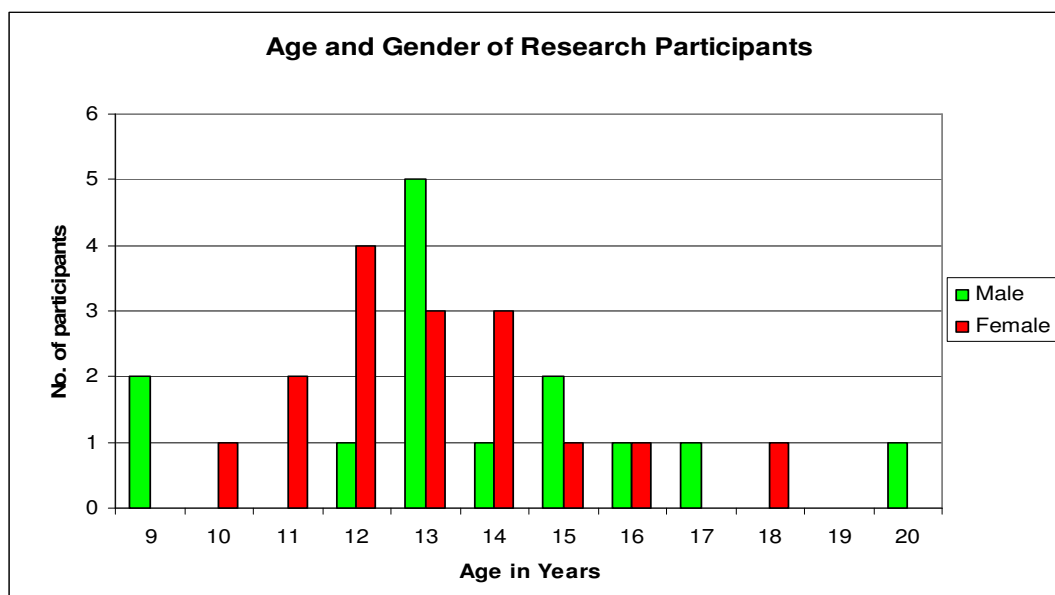
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## Appendix 1: A profile of the 30 research participants

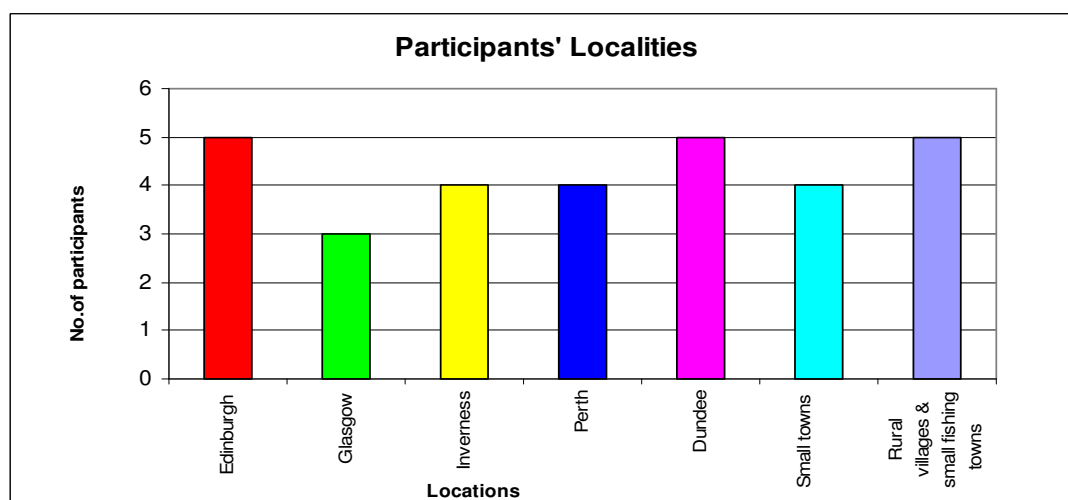
### Age and gender

A total of 30 children and young people participated in the study. There was a fairly even gender split of sixteen girls (53%) and fourteen boys (47%). All of the participants were white Scottish. The mean age of children in the study was 13.4 years old. The median age is thirteen years old.



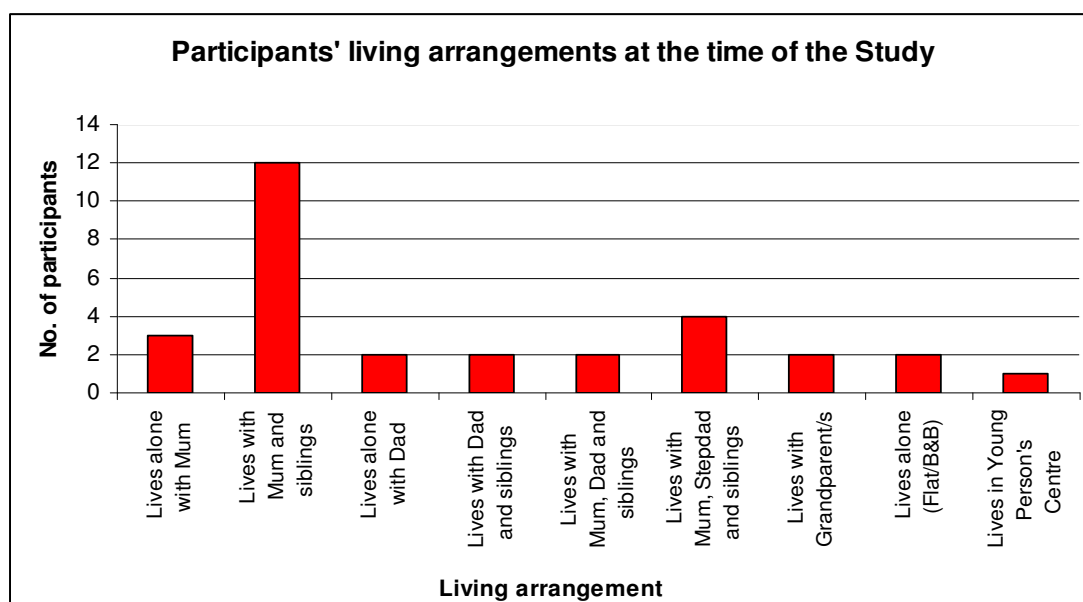
### Geographical location

The chart below shows the geographical locality of participants at the time of their engagement with the study. Just over two thirds of participants lived in a Scottish city compared to nine participants living in small towns and villages. A small number of participants travelled a considerable distance by public transport to access the service (more than forty minutes). Hence, this chart shows where the participant physically lived rather than the geographical location of the service.



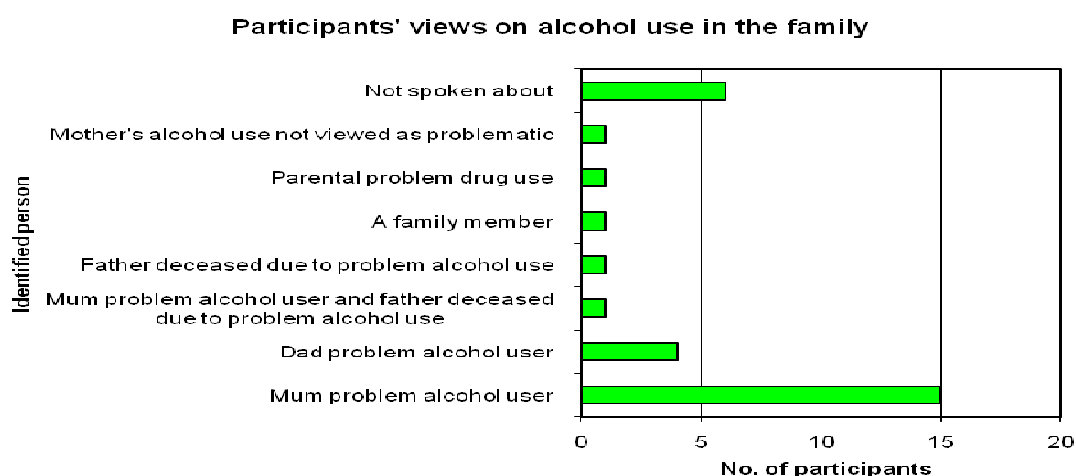
## Living situation

Exactly half of the sample lived with their birth mother and the majority of these with siblings as well. Four children and young people (13%) lived with their birth father alone or with siblings. Two children lived with both birth parents and siblings. The older participants, a twenty year old and a seventeen year old lived alone.



## Alcohol and the family

All 30 participants were identified by services as being affected by one or more parent's problematic alcohol use (or in one case, drug use). The majority of the participants revealed that alcohol was a problem in their family. There were a few exceptions; one fifteen year old boy did not identify Mum's drinking as a concern, in contrast to the views of the service practitioners. Six participants did not talk about their parents' alcohol use although some did share knowledge about alcohol.



## Appendix 2: An overview of the engagement and disengagement of 30 participants in the research study

Pseudonyms (age)	Initial knowledge of the study (Gatekeepers)	First contact with researcher	Main engagement stage of the study	Any further involvement	Disengagement/ feedback
<b>GROUP WORK OVER A FOUR WEEK PERIOD</b>					
Alesha (13) Kerry Marie (14) Elizabeth (14) Michelle (14)	Via practitioner at service –shown information leaflet; Phone call & visit by worker to discuss research study with parents.	Visit to the service – first session of the Good ideas group	Four group work meetings (each approx three hours)	Asked to meet me on a day trip to Edinburgh  Attended a service event	‘Thank you’ evening of their choice Re-visit for feedback. Information leaflets. Thank you cards and small gift (mobile phone fob).
Ash (11) Christina (12) Claire (13) Rosie (12) Taz (12)	Via practitioner at service –shown information leaflet; Phone call & visit by worker to discuss research study with parents.	Invited along to meet them at an Art group at the service  Four out of five family homes visited to talk to parent/s.	Four group work meetings (each approx three hours)	None	‘Thank you’ evening of their choice Re-visit for feedback on main stage. Thank you cards and small gift (mobile phone fob). Feedback leaflets sent via practitioners
Scott (14) Daniel (15) Kyle (12)	Via practitioners at different services –shown information leaflet	<ul style="list-style-type: none"> <li>▪ Visit to school to meet Scott and his teacher</li> <li>▪ Visit to meet Daniel and Mum</li> </ul>	Four group work meetings using an activity focus of film making	None	‘Thank you’ evening of their choice (choice:film) Visit to Daniel’s family home

		at home ▪ Visit to meet Kyle at Young Person's Centre			Thank you cards Feedback leaflets sent via practitioners
SMALL GROUP INTERVIEWS					
Sam (17) Tamara (15)	Via practitioner at service –shown information leaflet	Informal chat arranged at the service (15mins)	Paired interview (40mins)	Sam indicated he wanted to talk to me again but changed his mind; Tamara wanted time to think about it and decided no.	Thank you card sent and voucher of their choice Feedback leaflet set via service
Jodie (12) Ronaldinho (13) Kevin (15) Hayley (16)	Advert in Young carer's newsletter – Mum phoned the service Via practitioner at service –shown information leaflet	First visit planned for an informal chat but all expected the interview that day	Part group interview, part paired interview (90 minutes) followed by tea at a restaurant	None	Thank you card and voucher of their choice given at end Feedback leaflet sent via service
Stephany (11) Imogen (18) Audrey (13)	Via practitioner at service –shown information leaflet; Phone call & visit by worker to discuss research study with parents.	Invited to a group outing to the bowling alley.	60 minute interview	None	Thank you card and voucher of their choice given at end Feedback leaflet sent via service

Luke (20) Homer (16)	Via practitioner at service –shown information leaflet	Invited to a group outing to the bowling alley.	60 minute interview	None	Thank you card and voucher of their choice given at end Feedback leaflet sent via service
<b>INDIVIDUAL INTERVIEWS</b>					
Jim (13)	Via practitioner at service –shown information leaflet  Phone call to discuss research study with parent.	Visit to meet Mum and Jim at home	60 minute interview	Arranged a second interview but cancelled on the day; not appropriate (runaway)	Thank you card sent and voucher of his choice Feedback leaflet set via service
Rob (13)	Via practitioner at service –shown information leaflet  Phone call (&visit?) to discuss research study with parent.	Informal chat arranged at the service (15mins)	60 minute interview	30 minute interview	Thank you card sent and voucher of his choice Feedback leaflet set via service
Ewan (9)	Via practitioner at service –shown information leaflet	Visit to meet Dad at home; following day a visit with Ewan at a swimming pool café	40 minute interview	30 minute interview	Thank you card sent and voucher of his choice Feedback leaflet set via service



	Phone call & visit to discuss research study with parent.				
Bart (13)	Via practitioner at service –shown information leaflet; Phone call to discuss research study with parent.	Informal chat arranged at the service (15mins)	60 minute interview	Initial yes but unable to make two interviews, then decided no.	Thank you card sent and voucher of his choice Feedback leaflet set via service
Paige (13)	Via worker at service –shown information leaflet  Visit to discuss research study with parent.	Informal chat on telephone about the study (mentor phoned my office)	60 minute interview	Requested by Paige but gatekeeper issues so no further access	Thank you card sent and voucher of his choice Feedback leaflet sent
André (9)	Via practitioner at service –shown information leaflet.  Phone call to discuss research study with parent.	Visit to meet Mum and later André at home	20 minute interview	None	Thank you card sent and voucher of his choice Feedback leaflet sent via Mum

Jessica (10)	<p>Via practitioner at service –shown information leaflet</p> <p>Phone call to discuss research study with grandparents.</p>	Visit to meet Jessica and grandparents at home.	60 minute interview	60 minute interview	<p>Thank you card sent and voucher of his choice</p> <p>Feedback leaflet sent via Grandparents</p>
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## Appendix 3: Information leaflet & consent forms for the Good Ideas groups

# The Good Ideas Group

## Who am I?




My name is Louise and I'm a student at the University of Edinburgh. I'm doing a research project with Barnardo's.

I have just started a three year research project where I will talk to children and young people about living with a parent or carer who has a problem with alcohol. Lots of children and families live with this across Scotland but we don't know much about children's views.

## The Good Ideas group: Stuff to know

**WHAT?** I am inviting you to take part in this new group called 'The Good Ideas group'. I have some ideas for how to do my project but I think you might be able to help with some good ideas to make it much better. Here are some things we could talk about...

How can I make it fun?

A portrait of Louise, a young woman with reddish-brown hair, smiling.

How should I talk about alcohol in a way children feel comfortable?

What are the best ways to ask children & young people if they would like to talk to me?

What should I ask to understand what's important to you?

**WHY?** I want my project to be really good so it can be used to help people. I think I should get your ideas before I start! I will try and include your ideas in my project. If you want to, you can talk to me as part of the project later on in the year.

**WHEN?**

Monday 5 <sup>th</sup> March	5.30pm -8.00pm
Monday 12 <sup>th</sup> March	5.30pm -8.00pm
Monday 19 <sup>th</sup> March	5.30pm - 8.00pm
Thursday 22 <sup>nd</sup> March	'Thank you' outing of your choice

**WHERE?** X service. X and I will run the group.



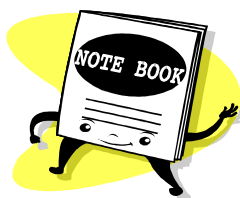
### What does it involve?

We will have a snack, play some games and then work on an activity together (for example, artwork, drama). We will meet for about two hours for three weeks and I aim to make it fun! ☺ ☺ ☺ To say thank you for all your hard work in helping with the Good ideas group we will have a final treat at the end (e.g. we could go out for pizza or something else you'd choose as a group).



### Who will know what they've said?

If it's okay, I will be writing some things down and can use tape recorders if you are happy with this. These are just for me to listen to in case I don't have time to write all of your ideas down. I will give you lots of opportunities to say if you don't want me to make a note of something.



I would like to use some of the things that you say in your own words but I won't use anybody's real name so nobody will know who said what outside of the group.

### Do I have to do this?

No. Not at all! It's up to you and if you choose not to that's fine and it won't make any difference to your involvement with X.

If you want to, you can come along to the group and then decide what you would like to be involved in. I will have a 'Chill out zone' where you can just chill if you prefer!



### What happens after?

I'll send you all a mini report on what I have learnt from your good ideas. Then later in the year if you want you can be involved in the research project. What that will involve will depend on some of your good ideas!

### OK I want to do it!

If you want to take part in the Good ideas group they just tell Shirley or your befriender and give her/or send the consent form (S.A.E. enclosed). If you have any questions or would like to talk to me about it more you can call me on 0131 650 3929 (I'll call you back) or email me [l.c.hill-1@sms.ed.ac.uk](mailto:l.c.hill-1@sms.ed.ac.uk). If you would like me to visit you beforehand to talk about it more then that's no problem either.



## MY Good Ideas Group

### consent form

I .....would like to hear more about your Good Ideas group. I am happy for you to come along to our group.

My address is

.....  
.....

My telephone number is.....  
(Don't worry if you don't have one or don't know it!)

Anything else I need to know?.....  
.....

My favourite food and drink for a snack are  
.....  
.....

And I don't or can't eat or drink  
.....  
.....

My signature.....

Date.....

Please give this to X or your befriender or pop it in the post in the stamped addressed envelope. Thanks! ☺



# The Film Crew

## Who am I?

My name is Louise Hill and I'm a student at the University of Edinburgh. I'm doing a three year research project where I will talk to children and young people in Scotland about their views about alcohol and family life.

## The Film Crew: Stuff to know

### WHAT?

I am inviting you to take part in this new group called 'The Film Crew'. A youth worker and film maker called X is going to help you to make your own film in the group. This is part of the research project creating exciting ways for young people to share their views.



Tom will teach you about film making. You then get to have a go yourself!

You might be a camera man, a sound or light man, director, writer, artist.....

We can use puppets, objects, plasticine, art work, people. We can film inside or outside.

We will not show the faces of anybody - nobody will know who anybody is.

### WHY?

This is an idea from other young people. They thought doing an activity, i.e. a film project would be a good way to share your views. You can choose to talk as much or as little as you want.

### WHEN?

Starting Friday 23<sup>rd</sup> November 5.30pm -8pm  
Friday 30<sup>th</sup> Nov; Friday 7<sup>th</sup> Dec; Friday 14<sup>th</sup> Dec  
Last session a Thank You activity Fri 21<sup>st</sup> Dec

### WHERE?

X service. X and I will run the group.



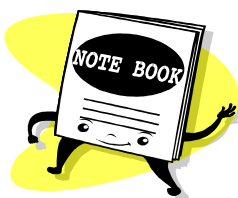


### What does it involve?

We will have a snack, learn about making a film, talk about our ideas and then have a go at making it. We will meet for about two hours for five weeks and I aim to make it fun! ☺ ☺ ☺ To say thank you for all your hard work we will have a final treat at the end (e.g. we could go out for pizza or something else you'd choose as a group).

### Who will know what we've said?

If it's okay, I will be writing some things down and can use tape recorders if you are happy with this. These are just for me to listen to in case I don't have time to write all of your ideas down. I will give you lots of opportunities to say if you don't want me to make a note of something.



I would like to use some of the things that you say in your own words but I won't use anybody's real name so nobody will know who said what outside of the group.

### Do I have to do this?

No. Not at all! It's up to you and if you choose not to that's fine and it won't make any difference to your involvement with X.

If you want to, you can come along to the group and then decide what you would like to be involved in. I will have a 'Chill out zone' where you can just chill if you prefer!

### What happens after?

I'll talk to you about how you would like me to tell you about what I have learnt from 'The Film Crew'.

### OK I want to do it!

If you want to be part of 'The Film Crew' then just tell X and give her/or send the consent form (S.A.E. enclosed). If you have any questions or would like to talk to me about it more you can call me on 0131 650 3929 (I'll call you back) or email me [l.c.hill-1@sms.ed.ac.uk](mailto:l.c.hill-1@sms.ed.ac.uk). If you would like me to visit you beforehand to talk about it more then that's no problem either.

Thanks for reading! ☺



# The Film Crew

## consent form



I .....would like to hear  
more about the Film Crew.

My address is

.....  
.....

My telephone number is.....  
(Don't worry if you don't have one or don't know it!)

Anything else I need to know?.....  
.....

My favourite food and drink for a snack are

.....  
.....

And I don't or can't eat or drink

.....  
.....

My signature.....

Date.....

Please give this to X or pop it in the post in the stamped addressed  
envelope. Thanks! ☺



# The film Crew



## Parents & carers consent form

I am happy for ..... to hear more about the Film Crew and take part if he chooses to do so.

I understand that the group will be using film equipment. This will be kept confidentially in the group. If the group want to show it outside of the group I will return to ask your permission.

My address is

.....  
.....

My telephone number is.....

Anything else you think I should know? (e.g. anything that s/he especially enjoys, might find difficult, likes or dislikes)

.....

Signature.....

Date.....

Please give this to X or pop it in the post in the stamped addressed envelope. Thanks! ☺

## Appendix 5: Information leaflet for interviews

# The Research Project:

Listening to children and young people's views and good ideas  
on alcohol and family life.

### Who am I?



My name is Louise and I'm a research student at the University of Edinburgh.

←--- This is me!

I'm working on a three year research project where I will talk to children and young people about their experiences and views on alcohol and the family. Lots of children and families can have different experiences with alcohol across Scotland but we don't know much about their views and ideas for what might help them and their families.

### THE RESEARCH PROJECT: Questions you might have.....

#### WHAT DO YOU WANT TO TALK ABOUT?

I would like to meet you and get to know a bit about you. You might want to ask me some questions too. Then, if you want to, I'll give you a choice of different activities that we can talk about. But you don't have to talk about anything private if you don't want to. You can decide what you want to talk about or not. Here are some of my ideas for what we might talk about....

What's important to you?

E.g. things you like doing, friends, music, family,  
fav food, tv

What do you think  
about alcohol?

What kind of things or people do you  
think can help children and young people?

#### WHEN?

I hope to meet you in August or September. We can meet in the day (In the holidays) or after school/early evening.

**WHERE?** At .....or if you prefer at home or somewhere else that you feel comfortable.

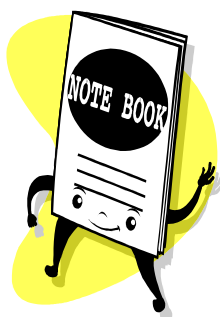
### WHAT WILL WE DO?

We will have a snack, work on an activity together (for example, watch a short video, make a poster) and have a chat. We will meet for about one hour and I aim to make it fun! ☺ ☺ ☺  
If you prefer, you can talk to me with a friend or a worker.



To say thank you for talking to me in helping with the Research I'd like to give you a choice of a £10 voucher.

### WHO WILL KNOW WHAT I'VE SAID?



If it's okay, I will be writing some things down and can use tape recorders if you are happy with this. These are just for me to listen to in case I don't have time to write all of your views down. I will give you lots of opportunities to say if you don't want me to make a note of something. I would like to use some of the things that you say in your own words but I won't use your real name.

### DO I HAVE TO DO THIS?

No. Not at all! It's up to you and if you choose not to that's fine and it won't make any difference to your involvement with.....service.



If you want to, you can come along and then decide what you would like to do. I will have a 'Chill out zone' where you can just chill if you prefer!

### WHAT HAPPENS AFTER?

I'll ask you how you would like me to tell you what I've learnt from talking to lots of different children. I can come back and visit the service, send a leaflet, make a poster etc.

### OK I WANT TO DO IT!

If you think you'd be happy to talk to me then just tell .....  
If you have any questions or would like to talk to me about it more you can call me on 0131 651 1726 (I'll call you back) or email me [l.c.hill-1@sms.ed.ac.uk](mailto:l.c.hill-1@sms.ed.ac.uk) .If you would like me to visit you beforehand to talk about it more then that's no problem either.

## My Consent form

I .....would like to hear more about your Research. I am happy for you to meet me and tell me more about it.

My address is

.....  
.....

The days I can meet you are:

Monday ☐ Tuesday ☐ Wednesday ☐  
Thursday ☐ Friday ☐

The best times of day for me to talk to you are:

In the morning ☐ In the afternoon ☐ In the evening ☐

Anything else I need to know?.....  
.....

My favourite food and drink for a snack are

.....  
.....

And I don't or can't eat or drink

.....

My signature.....

Date.....

Thanks! ☺

## Parent/Carer Consent form

I am happy for .....to meet  
you and hear more about your research and for them to decide  
whether or not they would like to talk to you for your  
research project.

Signature.....

Date.....

Thanks! ☺

## Appendix 6: Overview of the activities explored by the Good Ideas groups

Activity	Descriptor	Service group/ session	Time	Participants' views (feedback stickers)	My reflections
Badges	Sticky white labels and character stickers	SA S1 SB S1	5mins	SA Wall instead – more fun! SB Okay.	SA asked to write on the graffiti wall instead. I said this was fine. SB did it but I don't think it was really necessary. I would not do this again.
<b>Warm up games</b>					
Agree - Disagree	Dividing the room with one end 'agree' and the other end 'disagree' and asking a series of questions. The girls choose where on the spectrum they will stand and explain their reasons.	SA S1 SB S1	15mins	SA: Really enjoyed this activity. Excellent (3) SB: Three out of four participated. Mixed but seemed to get into it. 2 ok, 1 excellent, 1 rubbish	SA: Very valuable. A good way to introduce the right to express different views. The girls really picked up on this and asked to play the game again the following week. SB: Two girls very particularly engaged but were discouraged when the other girls were not as keen. However, they did still listen and made some interesting comments.
Stand up and swap	Sit in a circle. One person in the middle says 'Stand up and swap if e.g. you are wearing blue' Everyone wearing blue moves seats and the person tries to grab a seat.	SA S2 SB S2	10mins	SA: 3 excellent, 2 ok. Enjoyed it. SB: Excellent.	A good game that created laughter and also gave me some new knowledge about likes/dislikes/family.
Zip, Zap, bong	Stand in a circle and do different actions to each other to 'pass' around the circle.	SA S3 SB S3	10mins	SA: 2 rubbish 3 okay – went on for too long. Preferred other games. SB: Excellent/Ok	I choose this game because one of the girls had asked for more physical games. It was fine but it did not tell me anything and some of the girls struggled remembering the actions. SB: group decided to create some new actions so they seemed to find it much funnier and enjoyed it more.
<b>How do I feel today activity</b>					

Faces cards	Cartoon faces with different expressions. Group are asked to choose a face that describes their feeling. Faces are stuck next to names on the graffiti wall.	SA S1 SB S1	10min	They thought the faces did not show a wide enough range of expressions. They said a blank face would be better. Some recognised the faces as MSN messenger so liked this. SA: Ok (2) Rubbish (1) SB: Excellent (2) okay.	Overall they liked the faces to choose 'favourites' rather than feelings. It worked well in adding it to their names on the graffiti wall. When I choose one that showed a nervous face and explained this as anxiety about doing a new group they then became much chattier.
Paper plates	Adapted from previous session. Paper plates to draw your own facial expression on. Used glitter and feathers as well.	SA S2 SB S2	20min	SA: Excellent (5) They enjoyed it as a fun craft activity. SB: Excellent/OK	It was nice from a relationship building point of view but it took too much time. Most wanted to do 'pretty' faces rather than an expression of feelings that day.
Circle face	Piece of paper with a circle drawn on. I asked to draw how they were feeling with felt tips.	SA S3	10mins	They told me they preferred the paper plates but did engage well with the task. (2 rubbish, 2 ok, 1 excellent)	This worked really well as it was quick but they spoke about their days and gave explanations to their feelings. Very insightful. However, is it the activity or the fact they are more comfortable with me.
<b>Main activities</b>					
Paper people	Drawing round yourself then creating a character	SA S1 SB S1	40mins	Groups liked it. SA: Excellent (3) SB: Okay. Different levels of enthusiasm.	I wanted this to be a shorter activity that would be an opportunity to find out more about them but it turned into an arts activity. It was a nice relationship building activity though. SB: Starting asking questions about the research whilst doing this activity. Some lost interest but other did not so it was hard to know when to stop.
Research diaries: Part One	Handing out folders (including stickers, pens, coloured pencils), explaining the 'My Space' diary	SA S2 SB S1	15 mins	Groups highly positive and excited about the folders.	I was surprised at the level of enthusiasm. They liked the flower folders. It was a nice opportunity to speak to them all one-to-one.

				SA: Excellent (3) SB: Excellent	It facilitated good interaction when they asked me questions about it and gave me an idea of some of the things they might write.
Research diaries: Part two	Using a giant diary to discuss their views on using diaries	SA S3 SB S3	15 mins	SA: Feedback that this activity was 'okay' (5) as it wasn't very exciting. Some concern by those that had forgotten the diary. SB: Okay –they were ready for tea!	Very valuable for myself but I recognise that it felt a little repetitive for the girls. They tended to say they strongest views immediately and were less interested when I wanted to explore different parts. However, they had lots of useful comments and suggestions.
Poster making	To make a poster telling other young people either about the research or about the service	SA S2 SB S2	20 mins	SA: Enjoyed the poster making – lots of drawings. Excellent (5) SB: Okay. less focused on the task but seemed to enjoy the discussion	Good talking time about the service. Sitting around a table seemed to help. The discussions including what to include and where to put them. It allowed a good discussion about how to contact young people who might not be involved in services.
Perfect researcher	An outline of a person split down the middle on a flipchart. Excellent and rubbish stickers used. One yp wrote ideas about what makes an excellent and rubbish researcher.	SA S2 SB S2	10mins 20mins	SA: 3 excellent, 2 Ok. Girls felt it was too rushed. SB: Excellent (2) Rubbish. Mixed engagement.	SA: At the end of poster making so it was rushed. The girls decided to use the recorder so Taz 'interviewed' people for their comments. Some interesting comments. SB: initially reluctant but warmed up in this activity. Interesting views and it allowed us to talk about why you choose to talk to somebody or not.
Photographs of alcohol	Showing photos of different types of alcohol and discussing their views.	SB S2	15mins	SB: seemed positive	This ignited an enthusiastic discussion partly about their drinking behaviour but also about parents.
Question time	Two interviewers (who hadn't attended first week) and three answering, Questions about the research (e.g. Do we have to do this?) in	SA S2	20mins	Excellent (5) They seemed to enjoy this activity.	This exceeded my expectations. It showed me the yp understanding of my explanations of the research the previous week as well as



	an envelope and read out.				giving them the confidence to explain the group to the two others. They seemed to enjoy playing 'interviewing' and even wanted it to be recorded. It gave a good understanding of using interviews in research too.
Project Alcohol DVD	Watching a 10minute DVD made by young people on living with parental alcohol misuse. Discussion on views of the film including doing a 'film review'.	SA S3 SB S2	40mins	SA: 3 excellent, 2 okay. Enthusiastic about the activity. SB: Excellent/ Okay (2) Mixed views on the DVD.	Excitement about watching a DVD. Good interaction with the DVD and created strong emotional responses. SB reacted with some anger that it was unbelievable whereas SA felt it showed a positive message of going for help. Sparked excellent discussions in both groups.
Drama	Following the DVD, the group were asked to devise their own drama on the topic.	SA S3&4 SB S2	40mins	Both groups were very positive about the drama. (all excellent stickers) SA chose to do another drama in their 'treat' session. SB Excellent. Asked if they could make a film.	I was surprised at the level of enthusiasm. They all seemed to love drama! It was fascinating to see their depictions on the topic.
Celebrity game	Playing a name game in matching 'celebrity' names to real names e.g. Jordan=Katie Price. From this raised the possibility of their pseudonyms. Used enveloped with their names on and pretty card inside.	SA S3 SB S3	15 mins	SA: Excellent (4) rubbish (1). One yp was not as involved in this activity. Everyone wrote a name or four! SB: Excellent. Enjoyed the celebrity side and challenge of it.	The girls all seemed to really enjoy this game and it worked well in explaining the idea of using different names.
Feedback	An A3 poster with a list of activities done in each session and stickers (excellent, ok, rubbish). At the end of the session I asked for	All (except thank		SA: Important to them SB: not an 'active' activity.	SA: they asked if I could leave the room when they did this. Then they called me back to 'present' what they thought (their

	their views on the session.	you session)			initiative). This was really useful and highlighted the importance of their feedback. SB: Less of an activity and perhaps seen as a bit of a chore. Often a last minute thing to do on the way out.
Bottle activity	An outline of a bottle on a piece of A4 and asked to write or draw what it made them think.	SA S3	30mins	Ok (5). It was fine. (I think this was a view on the activity rather than the discussion)	It stimulated an excellent discussion and was the first time that the group had spoken at such length about parental drinking. Highly valuable and the girls wanted it to be recorded.
Worry Tree and wish tree	Worries: to write on the tree leaves different things they worry about. I had lots of worry ideas cut out e.g. how I look, parents drinking, school. Could be done individually or as a group. Wish tree – brought in branches and decorated. Notes on ribbon to hang up.	SA S4	30mins	Seemed to like the tree but clear apprehension at first.	SA: one yp said she wasn't going to do it. Some wanted to do it by themselves, others as a group. The word 'worry' was disconcerting in hind sight. Wishes were interesting. SB: did not have time
Voting sweets	Girls choose activities they would like to do for the final session. Written on a flipchart as a table. Then given a cup with sweets and they voted with these (max three for favourite). The one with the most sweets was the winner.	SA S3 SB S3	15mins	Sweets! All gave it excellent stickers.	We had spent the previous sessions talking about some ideas over tea. It worked well as an activity to make a democratic decision. Interestingly to see their negotiations and deliberations with each other.
<b>Miscellaneous</b>					
Tea	I provided food for the group given the timing of the sessions. I asked the girls for a 'shopping list' over food for the following week.	All	-	The groups had views on what they liked and seemed to like expressing them!	This provided a good informal chatting space. Good for relationship building. Some interesting topics raised by themselves e.g. sex education.
Magazines	I took a pile of popular celebrity style magazines in a glitter bag and placed this in the chill out zone. I explained that they could choose when they would like to look at a	All	-	Positive. Asking if I could bring them back the following week.	Excellent informal icebreaker with SB. It allowed the girls the opportunity to opt out of activities in a less obvious way. My concern that this could be too much of a

	magazine.				distraction was unfounded.
Chill out zone	A sign and cushions placed in a space stating 'chill out zone'. I spoke to the girls explaining this could be used any time for any reason.	All	-	SA had a discussion on where this should be and moved it after a vote. They used it occasionally. SB did not use the 'space' but opted to use other space such as the dining area or toilets on occasion.	Highly valuable in providing a meaningful 'opt out' option. It was interesting that SA took it very seriously. I think it did create a positive dynamic of choosing to be involved in activities.
Postbox	A decorated shoe box asking for any comments, questions and ideas. Allows confidentiality if wanted (although I explained that if they wanted a response they should put an initial).	All	Few mins at the end	Not used at all by SB however SA used it weekly and seemed to enjoy it.	Too young for SB. The postbox idea was already used by SA in a previous group. Girls enjoyed the writing of notes (on funky notepad) and nice to read they enjoyed the group.
Talking stick	Using a novelty feathered pen for people to 'take turns' in talking	SA S2	-	They seemed to like this and often they instigated the use of the pen.	Valuable to ensure everyone has a chance to speak.

# The Film Crew

## Findings sheet



Firstly, I would like to say THANK YOU for coming along to the Film Crew group and sharing your views and ideas about alcohol and family life.

This is part of a three year research project at the University of Edinburgh and I have been talking to children and young people across Scotland. I hope to finish the project in December 2009.

Here are some of the things I learnt from the Film Crew research group:

1. Film can be a good way to talk about lots of different things and people seemed to enjoy learning about film making.
2. There were lots of positive things in people's lives and things that they enjoyed doing. There were a few different worries.
3. Friends, pets and teachers are good people to talk to. Sometimes talking to family can be difficult.
4. Some people seemed more comfortable to talk one-to-one about family stuff rather than in a group.
5. It was quite difficult for everybody to come every week. Maybe a Friday evening wasn't the best time. It might have been better if people in the group knew each other before.



If you have more questions or comments about the research project you can contact me, Louise Hill by Email: [l.c.hill-1@sms.ed.ac.uk](mailto:l.c.hill-1@sms.ed.ac.uk)  
Telephone: 0131 650 3929 (I'll call you back). If you would like to talk to someone else involved in the research project you can email Kay Tisdall at the University of Edinburgh [k.tisdall@ed.ac.uk](mailto:k.tisdall@ed.ac.uk) or phone 0131 650 3930 (she can call you back).

## The Research Project:

Listening to children and young people's views  
and experiences of alcohol and family life.

Hi  
Again!



Hello,

I'm not sure if you will remember me but I'm Louise and I'm a researcher. Last year, you talked to me for a research project and I said I would let you know what I learnt. So first of all I would like to say again **A BIG THANK YOU** for taking part. I really appreciated your time in talking to me and I learnt lots through listening to you.

Since we talked, I've been thinking about what everybody said and I have started to write about it in a kind of book for the University of Edinburgh. I hope to finish writing by December 2009. I wanted to share with you some of the things I did and what I learnt.

### What did I do?

- I talked to 30 children and young people: 16 girls and 14 boys. The youngest person was 9 years old and the oldest was 20 years old.
- I visited lots of different places to talk to them across Scotland. People talked to me by themselves, with a friend or in a group.
- Everybody had a choice of different activities including:
  - 'Important stuff to know about me' sheet
  - Watching 'Amy's Story' on dvd and doing a Film Review
  - Bottle activity: What do you think about alcohol?
  - Stickers for people you think can help children and young people
  - Some people wanted to just talk ☺
- Everybody chose a different name so what they said was anonymous (that means I don't ever use your real name).

### What did I learn?

One BIG THING I found out: Talking to you was really useful and important. I have learnt lots about different things in your lives, not just about alcohol and the family, that have helped me understand more.

- You all had lots of different views and experiences.
- Everybody told me about things they enjoyed doing and were good at: fishing, wrestling, reading Harry Potter, volunteering, football, motorbikes, drawing, dancing, swimming, looking after pets etc, etc!
- Talking about alcohol and the family was quite hard for some of you. For others it was okay, it just depended.
- Everybody knew what alcohol was and could tell me what happens when people drink alcohol. Some people felt it was "big trouble" and "shouldn't be made in the first place". Others felt it was okay if people knew when to stop. Some people hated alcohol and others said they loved it. So there were lots of different views.
- Most of you had strong views on how children and young people feel when a parent is drinking too much. Some people felt sad and others angry, or a mix of both. Lots of people talked about wanting parents to 'get help'. Some people were happy that parents were drinking less, 'cut down' or had stopped. Some were worried that the drinking didn't change.
- Quite a few people spoke to me about school and how hard it could be. Many didn't want to talk to teachers about what was happening at home but some people did.
- Lots of you said positive things about your service, worker or mentor. Having something to do, making new friends and getting time away from home were important.
- You all had different views about people who might help if you were worried about something. Friends and family were most popular. You made careful decisions about who to talk to often saying it was someone you could trust and was a good listener.

### What happens next?

I'll finish writing what I have learnt for the university (the book). Then I hope to talk to lots of different people who work with children and young people to make sure they hear your views as well.



If you have more questions or comments about the research project you can contact me by Email: [L.c.hill-1@sms.ed.ac.uk](mailto:L.c.hill-1@sms.ed.ac.uk) Telephone: 0131 651 1726 (I'll call you back). If you want to, you can ask someone at the service to contact me about anything to do with the research project.